



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

**Afterschool Extracurricular and Supplemental Programs  
Parent/Legal Guardian Authorization Form**

**Required for participation in all afterschool clubs,  
events, activities, or supplemental programs**

Student Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Student Number: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Club/Activity/Event Name: **After School Tutoring**

Description or nature of the club, activity, or event:

**Student will participate in peer tutoring for classes offered on campus**

Date the club, activity or event will begin: **Tuesday, September 3, 2024**

Date the club, activity or event will end: **Thursday, May 22, 2025**

Location of the club, activity, or event: **Media Center or Room 142**

Name(s) of club, activity, or event sponsor(s): **National Honor Society, Science Honor Society, Math Honor Society**

Types of guests that may attend the club, activity, or event: **No Guests**

Scheduled Days of the Week: (Circle all that apply)

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Scheduled Time:      From **3:00pm** To **4:00pm**

I give my child permission to participate in the above named extracurricular activity or supplemental program during the dates and times listed above for the 2024-25 school year.

Name of Parent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Scheduled days of the week and times may vary throughout the school year. Club/activity sponsor will contact parents through pre-determined forms of communication to notify of any change in meeting time or day.

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

***This form must be submitted and retained by the club, activity, or event sponsor prior to student participation.***