

## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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

## Required for participation in any and all afterschool clubs, events, activities or supplemental programs

Student Name:			Tel	ephone:	
Club/Activity/Eve	nt Name: <u>Natio</u>	onal Art Honor Societ	V		
Description or nat					
the idea of integrat peace. The purpose opportunities to m	ting art into the e of this organiz eet like-minded explore the work	lives of every person for ation is to broaden art st people and experience d of art within themselve	the purpose of pror udents' artistic horiz various aspects of th	noting joy, harmonions. The Society hose art world. It is our	sion is to continue to sprea ous living, aesthetic and pes to give the students intention to allow students
Date the club, activ	rity or event will	end: <u>5/8/24</u>			
Location of the clu	b, activity or ev	ent: Room 715 a	nd 731		<u>om</u>
Types of guests tha	t may attend the	club, activity or event:	None		
Scheduled Days of	the Week: (Cir	rcle all that apply)			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Scheduled Time:	From <u>2:45p</u>	<u>m</u> To <u>3:45pm</u>			
I give my child p		articipate in the above r dates and times listed al			lemental program during
Jame of Parent:			Telephone:		
Signature of Paren	nt:		Date:		
_		times may vary through ned forms of communic	_	, , ,	onsor will contact parents ing time or day.
		EMERGEN	NCY CONTACT		
Name:			Telephone:		
Relationship to Stu	dent:				

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

8/15/202