

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:			Telephone:			
Club/Activity/Eve	nt Name: <u>Nation</u>	al English Honor S	ociety			
Description or nat	ture of the club, a	ctivity or event:				
_				_	ere we seek to educate and English literacy without	
	, ,	•	•		olarships through the NEHS	
organization.						
Date the club, activ	vity or event will b	egin: <u>8/28/23</u>				
Date the club, activ	rity or event will e	nd: <u>5/20/24</u>				
Location of the clu	b, activity or even	t: <u>Room 765</u>				
Name(s) of club, ad Marina.Deccico@b			occhi Darlene.Pistocc	ni@browardschools.c	com and Marina Decicco	
Types of guests that	at may attend the c	lub, activity or event:	N o n e			
Scheduled Days of	the Week: (Circle	e all that apply)				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Scheduled Time:	From <u>3:00pm</u>	To <u>4:00pm</u>				
I give my child p		icipate in the above ites and times listed a		, , ,	lemental program during	
Name of Parent:			Telep	Telephone:		
Signature of Parent:			Date:			
		nes may vary throug ed forms of communi			onsor will contact parents ing time or day.	
		EMERGE	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.

8/18/2023