

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:			Tele	Telephone:		
Club/Activity/Even	t Name: <u>Studen</u>	t Social Advocacy (llub			
Description or natur	re of the club, a	ctivity or event:				
local events and pro- community service, a and partake in club-	grams, particular attend youth-led related events bo	ly as they relate to loca	al or national social is ops, provide resource	ssues and justice. Wes and opportunities	anize and plan to attend e shall also participate in s for academic advancement	
Date the club, activit	y or event will e	nd: <u>5/15/24</u>				
Location of the club,	activity or even	: <u>Room 757</u>				
Name(s) of club, act	ivity or event spo	onsor(s): <u>Valerie Rolle</u>	Valerie.Rolle@brow	ardschools.com		
Types of guests that	may attend the c	lub, activity or event: N	one			
Scheduled Days of t	he Week: (Circl	e all that apply)				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Scheduled Time:	From <u>3:00pm</u> -	4:00pm				
I give my child per		icipate in the above n tes and times listed ab			emental program during	
Name of Parent:	ne of Parent:Telephone:					
Signature of Parent:			Date:			
		nes may vary throughed forms of communic			nsor will contact parentsing time or day.	
		EMERGEN	ICY CONTACT			
Name:			Tele	Telephone:		
Relationship to Stude	ent:					

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