

## 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>Spanis</u> | h Honor Society       |  |                       |  |
| Description or nat         | rure of the club, a    | ctivity or event: Spa | anish Honor Society is a                         | an organization that  | recognizes and promotes                        |
| •                          |                        |                       | iese languages and His                           | _                     |  |
|                            | •                      |                       | inities for members to                           |                       |  |
| Spanish.                   | projects, carearar     | everits, and opporte  | mines for members to                             | oracirco arra coresta | te then knowledge or                           |
|                            | vity or event will b   | pegin <u>8/31/23</u>  |  |                       |  |
| .Date the class activ      | vity of event will e   | egiii <u> 6/31/23</u> |  |                       |  |
| Date the club, activ       | vity or event will en  | nd: <u>5/02/24</u>    |  |                       |  |
| Location of the clu        | b, activity or even    | t:Room 759            |  |                       |  |
| Name(s) of club, ac        | ctivity or event spo   | onsor(s): Ryan.Perez  | zrodrigues@browardsch                            | ools.com              |  |
| Types of guests tha        | at may attend the c    | lub, activity or even | t:   |                       |  |
| Scheduled Days of          | the Week: (Circl       | e all that apply)     |  |                       |  |
| Monday                     | Tuesday                | Wednesday             | Thursday   | Friday                | Saturday                                       |
| Scheduled Time:            | From <u>2:50-3:3</u>   | <u> </u>              |  |                       |  |
| I give my child p          | -                      | -                     | e named extracurriculation above for the 2023    |                       | lemental program during                        |
| Name of Parent:Telephone:_ |                        |                       |  |                       |  |
| Signature of Parent:       |                        |                       | Date:  |                       |  |
|                            |                        |                       | ughout the school yea<br>mication to notify of a |                       | onsor will contact parents<br>ing time or day. |
|                            |                        | EMERG                 | ENCY CONTACT                                     |                       |  |
| Name:                      | Telephone:             |                       |  |                       |  |
| Relationship to Stu        | dent:                  |                       |  |                       |  |
| This form must             | be submitted an        | d retained by the c   | club, activity or event                          | t sponsor prior to s  | student participation.                         |
| •                          |                        | •                     | <b>-</b>   |                       | * *  |