

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

SCHOOL NAME Brookside Middle School
SCHOOL ADDRESS 3636 S. Shade Ave Sarsota, FL 34239 SCHOOL PHONE (941) 361-6472

SCHOOL CLUB/ACTIVITY APPROVAL AND STUDENT REGISTRATION

Instructions: The club/activity advisor completes top section of form and gives to the principal for approval. If approved, the advisor makes copies of the signed form for the students to take home. The parent/guardian must complete the consent section, sign, and return this form and additional completed, signed forms identified below, with any required payment to the child's school.

The deadline to submit forms and payment in order for the child to participate is prior to attendance

CLUB/ACTIVITY INFORMATION

Club/Activity Name Tuesday & Thursday Night School School Year 2022-2023

Club/Activity Advisor Name Ms. Matthews & Ms. Winemiller Club/Activity Advisor Email Address rachel.matthews@sarasotacountysschools.net

Purpose or Goal of Club/Activity To provide students time to complete work and receive academic support. carolyn.winemiller@sarasotacountysschools.net

Schedule Start Date 9/1/22 End Date 5/25/23 Times 4:15-5:45

Day(s) of the Week Tuesday & Thursday

Cost Payment required \$ 0 Payment can be made by cash/check payable to N/A

Requirements (prerequisites, dress code, equipment, supplies, etc.) Students are required to follow all school rules and procedures.

PRINCIPAL APPROVAL

Club/Activity Approved Yes (check boxes below for additional required forms)

No If no, provide reason _____

Parent/Guardian Release and Hold Harmless Agreement for Student Participation in Special Event/Activity at School Campus, Form 075-16-FIN

Emergency Medical/Treatment Consent for Field Trips and/or Other After School Activities, Form 063-96-DIS

Private Vehicle Transportation Permission, Form 063-12-RKM

Ryan Chase Principal Name (Print) [Signature] Principal Signature 8/26/22 Date

PARENT/GUARDIAN CONSENT

Student Name (Print) _____ DOB _____ Student No. _____

Transportation

- My child is in After School Care
- My child drives to and from School
- My child is a walker/biker (Note that no crossing guards are present).
- My child will normally be picked up by the following people (include yourself):

Name (Print) _____ Phone No. _____ Name (Print) _____ Phone No. _____

Students who are not picked up on time may be dismissed from the club/activity. You will be contacted to pick up your child if the club/activity is cancelled due to unforeseen circumstances (i.e. weather).

I, _____, give my permission
Parent/Guardian Name (Print)

for _____, to participate in the
Student Name (Print)

Tuesday and Thursday Night School Club/Activity.

Parent/Guardian Signature _____ Date _____

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