

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

SCHOOL NAME Riverview High School
SCHOOL ADDRESS 1 Ram Way Sarasota, FL 34231 SCHOOL PHONE 941-923-1484

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 _____.

CLUB/ACTIVITY INFORMATION

Club/Activity Name Coexistence Club School Year 2024-25

Club/Activity Advisor Name Michaela Stockhill Club/Activity Advisor Email Address michaela.stockhill@sarasotacounty-schools.net

Purpose or Goal of Club/Activity To promote the values of kindness and respect through art and culture.

Schedule Start Date 9/3/24 End Date 5/31/25 Times 2:20-2:50

Day(s) of the Week 1st and 3rd Tuesdays of every month

Cost Payment required \$ 5 Payment can be made by cash/check payable to _____

Requirements (prerequisites, dress code, equipment, supplies, etc.) Members should try their best to attend all

meetings and club activities. Members will docent at least once and wear their club t-shirt.

Students will conduct themselves in a professional manner as representatives of the club.

PRINCIPAL APPROVAL

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

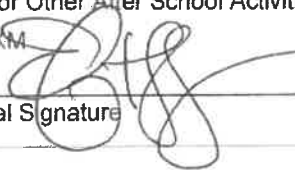
No If no, provide reason _____

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

Principal Name (Print) Ann Haughey

Principal Signature 

Date 8/12/24

PARENT/GUARDIAN CONSENT

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

Transportation

My child is in After School Care

My child is a walker/biker (Note that no crossing guards are present).

My child drives to and from School

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)

Club/Activity.

Parent/Guardian Signature _____ Date _____

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