

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 09/01/23.

**CLUB/ACTIVITY INFORMATION**

Club/Activity Name Co-Existence Club School Year 2023-2024

Club/Activity Advisor Name Michaela Stockhill Club/Activity Advisor Email Address michaela.stockhill@sarasotacountyschools.net

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

Schedule Start Date 9/5/23 End Date 5/31/24 Times 2:20 pm

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

Cost Payment required \$ 5 Payment can be made by cash/check payable to Riverview High School

Requirements (prerequisites, dress code, equipment, supplies, etc.) Members should try their best to attend all meetings and club activities. Members will serve as a docent at the annual art exhibit at least once. Students must wear their club t-shirt while docenting and conduct themselves in professional manner to earn service hours.

**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) Erin Haughey Principal Signature [Signature] Date 8/9/23

**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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