

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 RAMP It Up Math Tutoring School Year 23-24

Club/Activity Advisor Name Tommy Moore Club/Activity Advisor Email Address tommy.moore@sarasotacounty.schools.net

Purpose or Goal of Club/Activity Math support for Alg 1, 2 + Geometry

Schedule Start Date 9/12/23 End Date 5/21/24 Times 2:30 - 3:30

Day(s) of the Week Tuesday and Thursday

Cost Payment required \$ free \* Payment can be made by cash/check payable to \*Thanks our Riverview

Requirements (prerequisites, dress code, equipment, supplies, etc.) Foundation

Bring pencil, paper and homework and/or review material to work on

PRINCIPAL APPROVAL

Club/Activity Approved [X] 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 8/28/23

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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