

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

SCHOOL NAME Riverview High School  
SCHOOL ADDRESS One 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 before attending.

**CLUB/ACTIVITY INFORMATION**

Club/Activity Name Jump Start Math School Year 2023-2024

Club/Activity Advisor Name Ms. Stephanides/Mr. Holderbach Club/Activity Advisor Email Address angela.stephanides@sarasotacountychools.net

Purpose or Goal of Club/Activity Algebra 1(Holderbach 1-206)/Geometry(Stephanides 5-201) to improve grades/prepare for state assessments

Schedule Start Date 8/29/23 End Date 05/23/24 Times 2:30-3:30

Day(s) of the Week Tuesday, Wednesday, Thursday

Cost Payment required \$ free Payment can be made by cash/check payable to \_\_\_\_\_

Requirements (prerequisites, dress code, equipment, supplies, etc.) \_\_\_\_\_

**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

Kathy Wilks (Asst Principal of Curriculum) Kathy Wilks \_\_\_\_\_  
Principal Name (Print) Principal Signature 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)

\_\_\_\_\_ Club/Activity.

Parent/Guardian Signature \_\_\_\_\_ Date 8/29/23

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