

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

SCHOOL NAME Riverview High School
SCHOOL ADDRESS 1 Ram Way 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 1st meeting.

CLUB/ACTIVITY INFORMATION

Club/Activity Name National Technical Honors Society (NTHS) School Year 2023-2024

Club/Activity Advisor Name Maureen Finley Club/Activity Advisor Email Address maureen.finley@sarasotacountyschools.net

Purpose or Goal of Club/Activity The purpose of NTHS is to recognize students who excel in technical fields, while creating a platform allowing students to form a community around technical studies.

Schedule Start Date TBD End Date 5/26/2024 Times TBD

Day(s) of the Week TBD

Cost Payment required \$\$30 new/\$15 returning Payment can be made by cash/check payable to Riverview High School

Requirements (prerequisites, dress code, equipment, supplies, etc.) Approved application based on transcripts, current CTE and parent signature, if you are a senior you must have an A average in your current and past CTE classes

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

Erin Haughey _____ [Signature] _____ 8/21/23
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 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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Distribution: Original – Advisor (Approved), Principal (Unapproved) Copy – Parent/Guardian