

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Afterschool Extracurricular and Supplemental Programs Parent/Legal Guardian Authorization Form Required for participation in any and all afterschool clubs, events, activities or supplemental programs

Student Name:		Telephone:				
Club/Activity/Even	t Name: <u>Florid</u>	a Future Educato	ors of America			
Description or natu	re of the club, ac	ctivity or event:			lucation, promote staff/	
teacher apprecia					madation, promote dia i	
Date the club, activit	y or event will be	egin:Thursda	y, September 7,	2023		
Date the club, activit	y or event will en	nd: Thursd	ay, May 30, 2024			
Location of the club, activity, or event: Building 20, Third Floor, Room 2065						
Name(s) of club, act	ivity, or event sp	onsor(s): Val	erie Ruwe			
Types of guests that	may attend the c	lub, activity, or even	nt:Univeristy	, People in the I	Education Field	
Scheduled Days of t	the Week: (Circ	le all that apply)				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Scheduled Time:	From _3:00 p	om To <u>4:45 pm</u>	*Events: Open H	ouse, Magnet (Open House, Harvest Drive	
I give my child pe			ve named extracurr ted above for the 20		supplemental program r.	
Name of Parent:		Telephone:				
Signature of Parent	:	Date:				
Scheduled days of parents throu	of the week and gh pre-determin	times may vary thr ned forms of comm	oughout the school unication to notify	year. Club/activi of any change in r	ty sponsor will contact neeting time or day.	
		EMERGI	ENCY CONTACT			
Name:	Telephone:					
Relationship to Stude This form is		ted and retained b	y the club, activity	, or event sponso	or prior to student	

participation.