

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

SCHOOL NAME Riverview High School
 SCHOOL ADDRESS 1 Ram Way Sarasota, Florida 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 Geometry Tutoring After School School Year 2025-2026
 Club/Activity Advisor Name Ms. Stephanides Club/Activity Advisor Email Address angela.stephanides@sarasotacountyschools.net
 Purpose or Goal of Club/Activity Geometry Assistance for Students to improve grades & prepare for County/State Assessments
 Schedule Start Date 11/4/2025 End Date 5/14/2026 Times 2:30pm - 3:30pm
 Day(s) of the Week Tuesdays and Thursdays located in Room 5-201- Ms. Stephanides Classroom
 Cost Payment required \$0/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
 Principal Name (Print) Erin Haughey Principal Signature [Signature] Date 10/30/25

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)

Geometry After School Tutoring Club/Activity.

Parent/Guardian Signature _____ Date _____

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Distribution: Original – Advisor (Approved), Principal (Unapproved) Copy – Parent/Guardian