

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 _____.

CLUB/ACTIVITY INFORMATION

Club/Activity Name RAMp It Up Math Tutoring School Year 25-26
 Club/Activity Advisor Name Tammy Moore Club/Activity Advisor Email Address tammy.moore@sarasotacountyschools.net
 Purpose or Goal of Club/Activity Math support for Algebra 1, & 2, Geometry and MCA
 Schedule Start Date 9/02/2025 End Date 5/21/2026 Times 2:30-3:30
 Day(s) of the Week Tuesdays and Thursdays
 Cost Payment required \$ *free* Payment can be made by cash/check payable to thanks to our RHS foundation
 Requirements (prerequisites, dress code, equipment, supplies, etc.) _____
Bring paper, pencil and homework and/or review material

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 8/20/25

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)

_____ Club/Activity.

Parent/Guardian Signature _____ Date _____

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

RET: Master, ESY, GS7 37

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