

**Clear Creek Independent School District  
Elementary and Intermediate Student and Parent Consent  
for Membership in a Non-Curriculum Related Student Group**

Name of Club or Organization: \_\_\_\_\_

\_\_\_\_\_, parent/guardian of \_\_\_\_\_, give my permission for my child to hold membership and participate in all activities associated with the above-stated non-curriculum related student group.

Your signature acknowledges that you have received a copy of the Local Policy FNAB and agree to the terms outlined in this policy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date