2026-27 Extended Learning Program (ELP)

Participation Permission Slip

Student's Name: _____ Grade Level: _____

The Safety Harbor Middle School Extended Learning Program (ELP) is open to all students and focuses on both remediation and enrichment opportunities to support the academic, social, and behavioral development of our Seahawks as they work toward meeting their student achievement goals.

Transportation

Transportation is **not** provided for the morning sessions of ELP. Please provide guidance regarding how your child will be transported.

____ Walk or Ride Bike/Scooter

____ Drop-off/Pick-up

____ Private Transportation (Method:_____)

____ My child has my permission to be transported by the following adults:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____

Emergency Contact Information

Parent/ Guardian #1 Name: _____ Email: _____

Parent/ Guardian #1 Phone: (Home)_____ (Work) _____ (Cell) _____

Parent/ Guardian #2 Name: _____ Email: _____

Parent/ Guardian #2 Phone: (Home)_____ (Work) _____ (Cell) _____

Emergency Contact Name: _____ Email: _____

Emergency Contact Phone: (Home) _____ (Work) _____ (Cell) _____

Agreement and Permission

I give my child, _____, permission to participate in ELP program. I understand it is my responsibility to provide transportation for my child.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

PLEASE RETURN THIS COMPLETED FORM TO THE GRADE-LEVEL CLERK AS FOLLOWS:

Grade 6: Ms. Conant 727-724-1400 ext. 2036 conantb@pcsb.org
Grade 7: Mrs. Johnson 727-724-1400 ext. 2037 johnsonshe@pcsb.org
Grade 8: Ms. Hodgson 727-724-1400 ext. 2038 hodgsonay@pcsb.org

Any questions, contact Dr. Ferrara at ferraras@pcsb.org or extension x2014