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/Event Name: _____

Description or nature of the club, activity or event:
Jewish Student Union is a student-led cultural and social club that provides a safe, inclusive space for students to learn about Jewish culture, traditions, holidays, and history. The club promotes cultural awareness, identity, respect, and dialogue while encouraging community, leadership, and understanding among students of all backgrounds. Activities may include discussions, guest speakers,

Date the club, activity or event will begin: 9/15/26

Date the club, activity or event will end: 5/11/27

Location of the club, activity, or event: Room 207 - Mr. Levine ' s Room

Name(s) of club, activity, or event sponsor(s): Ross Levine

Types of guests that may attend the club, activity, or event: Guest speakers, community members, or district-ap

Scheduled Days of the Week: (Circle all that apply) Or check box

Monday ☐ Tuesday ☑ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

Scheduled Time: From 8:15AM To 8:45AM

I give my child permission to participate in the above named extracurricular activity or supplemental program during the dates and times listed above for the 2023-24 school year.

Name of Parent: _____ Telephone: _____

Signature of Parent: _____ Date: _____

Scheduled days of the week and times may vary throughout the school year. Club/activity sponsor will contact parents through pre-determined forms of communication to notify of any change in meeting time or day.

EMERGENCY CONTACT

Name: _____ Telephone: _____

_____

Relationship to Student: _____

This form must be submitted and retained by the club, activity, or event sponsor prior to student participation.