THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

SCHOOL NAME Venice High School

SCHOOL ADDRESS 1 Indian Ave., Venice, FL 34285 SCHOOL PHONE 941.488.6726

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 SEPT 8, 2026.

CLUB/ACTIVITY INFORMATION

Club/Activity Name SPANISH HONOR SOCIETY School Year 2026-2027

Club/Activity Advisor Name MRS. MONIQUE CORSO Club/Activity Advisor Email Address monique.corso@sarasotacountyschools.net

Purpose or Goal of Club/Activity Make connections with Hispanic culture/community via community services.

Schedule Start Date 9/17/26 End Date 5/20/27 Times 7:05-7:25 a.m. 4-246

Day(s) of the Week THIRD THURSDAY OF EVERY MONTH STARTING IN SEPTEMBER

Cost Payment required $25.00 NEWBIES Payment can be made by cash/check payable to VENICE H.S./MEMO SHS

Requirements (prerequisites, dress code, equipment, supplies, etc.) Students interested must first apply for SHS with application and info online and 3 teacher recommendation forms. No payment turned in until the Sponsor has sent acceptance letter to to the student. Grades from end of last semester will be checked as part of application process.

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

Zoltan Kerestely _____ SEP 2 2026

Principal Name (Print) Principal Signature Date

PARENT/GUARDIAN CONSENT

Student Name (Print) _____ DOB _____ Student No. _____

Transportation

☐ My child is in After School Care
☐ My child drives to and from School
☐ My child is a walker/biker (Note that no crossing guards are present).
☐ 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

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