



# Miami-Dade County Public Schools

*giving our students the world*

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December 21<sup>st</sup>, 2023

Dear Parents,

The Division of Athletics and Activities has created FM 2424 "Extracurricular and Supplemental Parental Consent Form" to be utilized for any on-campus activity or event scheduled by the school before, during or outside of school hours.

Throughout the school year, Ammons Middle School organizes on-campus activities to promote school spirit and community service. These activities include Walk-a-thons, Field Days and School Dances. For your child to participate in the mentioned activities, Form 2424 "Extracurricular and Supplemental Parental Consent Form" must be completed and returned to school. If your child does not submit the form, your child will not be allowed to participate in these events.

This form will be distributed Monday, January 8<sup>th</sup> and must be returned no later than Friday, January 12<sup>th</sup>. Forms will only be collected by their 1<sup>st</sup> period teachers. Please do not submit forms to the main office.

Thank you for your continued cooperation. Go Eagles!

Sincerely,

Ms. Maria Costa  
Principal



MIAMI-DADE COUNTY PUBLIC SCHOOLS

School-sponsored Activities, Events, and Supplemental Programs Parent/Legal Guardian Permission Form

Required for participation in any and all school-sponsored activities, events, or supplemental programs

Student Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Activity/Event Name: School Spirit and Community Service Events

Description or nature of the activity or event: To bring students together and create a strong community throughout the school year.

Grade level students will participate in Walkathon 1/18 & 3/20.

8th grade students will participate in Spring Bowl 3/20.

Date the activity or event will begin: 01/08/2024

Date the activity or event will end: 06/06/2024

Location of the activity or event: School grounds / field

Name(s) of activity or event sponsor(s): School Spirit Activities

Types of guests that may attend the activity or event: School staff, parents, students

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

Monday Tuesday Wednesday Thursday Friday Saturday

Scheduled Time: From 9:00 am To 3:50 pm

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

Name of Parent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Dates and times of an activity or event may vary throughout the school year. The activity/event sponsor will contact parents to notify of any such change.

EMERGENCY CONTACT

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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