



FLVS STUDENT CLUBS APPLICATION
2011-12

Please complete this form in its entirety. Upon receipt of your application, you will receive an email confirmation with next steps. **You only need to complete this application once, no matter how many clubs you would like to join.** Thank you and we look forward to having you as an FLVS club member!

Student name: _____

Student email: _____

FLVS Username: _____

Student Phone: home: _____ cell: _____

Address: _____

Graduation Year: _____ Cumulative GPA: unweighted _____ weighted _____

FL House District: _____ FL Senate District: _____ County: _____

Home/Public/Private school: _____

Parent name: _____

Parent work/cell: _____

Please indicate your interest in the following student clubs. Select all that apply. Honor societies with grade level requirements are indicated in (). Clubs with ** require that students have a working microphone for their computer.

- | | |
|--|--|
| <input type="checkbox"/> Beta Delta Sigma Math Club | <input type="checkbox"/> Model UN** |
| <input type="checkbox"/> Creative Writing Club | <input type="checkbox"/> Newspaper Club |
| <input type="checkbox"/> Driver's Ed Club | <input type="checkbox"/> Peer Tutors** |
| <input type="checkbox"/> Fine Arts Club** | <input type="checkbox"/> Science Club |
| <input type="checkbox"/> Future Business Leaders of America (FBLA) | <input type="checkbox"/> Spanish Honor Society (11-12) |
| <input type="checkbox"/> History Club | <input type="checkbox"/> Student Ambassadors** |
| <input type="checkbox"/> International Club | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Latin Club | |



RELEASE FORM FOR ELECTRONICALLY DISPLAYED STUDENT WORK

Florida Virtual School uses many innovative activities to support student learning. To illustrate these innovative activities, we publish exemplary student work that demonstrates learning in this new environment. We request permission to display your child’s work, name, and/or photograph. Your signature below acknowledges permission for Florida Virtual School to display your child’s work.

Student Name: _____

Student email: _____

Student Grade Level: _____

Student FLVS Username: _____

I hereby certify that the work referenced is the student’s own original work, and to the best of my knowledge it contains no materials previously published or written by another person, unless acknowledged as such. I also certify that the work of other students and/or persons has not been copied in part or whole as part of this product.

Parent or Guardian Signature

I am the parent/legal guardian of the student named above. I have read the information regarding the electronic display of student work and agree to the following:

(Please check the appropriate box below.)

- Full Name Permission: I give permission for my child’s work, photograph or accomplishments, which will be accompanied by the child’s full name (first and last), to be electronically displayed by Florida Virtual School. I hereby release Florida Virtual School from any liability resulting from or connected with the publication of such work.
- First Name Only Permission: I give permission for my child’s work, photograph or accomplishments, which will only be accompanied by the child’s first name, to be electronically displayed by Florida Virtual School. No last name will appear on any materials that are displayed. I hereby release Florida Virtual School from any liability resulting from or connected with the publication of such work.
- I do not give permission for Florida Virtual School to display my child’s work.

Parent or Guardian Signature

Date

Please email Mrs. Newton with any questions you may have. Please return both pages of this application by:

Email: jnewton@flvs.net
Fax: 1-866-454-5832
Mail: 2145 MetroCenter Blvd, Suite 200, Orlando, FL 32835