



SAC Meetings Student Representation Junior National Honor Society

I give permission for my child (dates listed below) to attend monthly SAC meetings on the following dates: September 18, October 16, November 20, and in 2026 January 15, February 19, March 26, April 16, May 21. This will give my child at least 1 hour of service credit per meeting, for Junior National Honor Society.

(Signature of Parent/Guardian)

(Date)

IF YOU ARE INTERESTED IN ATTENDING SAC MEETINGS PLEASE INITIAL.

Please CLEARLY Print Information

Name of Child _____ Date of Birth _____

Name of Parent/Guardian _____

Primary Phone Number _____ Email _____

Secondary Phone Number _____

Address _____

If we are unable to reach the parent/guardian listed at the above phone numbers, whom should we call?

Alternate Contact Name _____

Alternate Contact Phone Number _____

How will your child get home after meeting? PLEASE INITIAL ONE.

_____ Return to after school care program/YMCA

_____ Walk

_____ Be picked up at designated area

Notes are required from parents for change in transportation.

NOTE:

- **No transportation will be provided at the end of meetings.**

Are there any Medical needs we need to be aware of?(Circle one) **No** **Yes**

If yes, please complete "Medical Needs" section:

Medical Needs: (Please indicate if child is allergic to any foods, etc.)

_____ Please initial if you give your permission for Landrum SAC to use your child's photograph for promotional purposes.

Your SAC Contact is: Mrs. Jayne Devine Jayne.devine@stjohns.k12.fl.us Email