

**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.

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(Signature of Parent/Guardian)

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(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](mailto:Jayne.devine@stjohns.k12.fl.us) Email