

MIDDLETON HIGH SCHOOL  
PARENTAL AWARENESS FORM

Dear Parents,

There are a variety of clubs offered at Middleton High school. They are based on our students' interests. Research tells us that students who participate in clubs have a greater feeling of belonging, connectedness and engagement with the school and other students. This may help students be more successful in school.

In order to give you the opportunity to help your child select his or her club(s), we have provided a list of clubs available at Middleton High School our school website at <http://middleton.mysdhc.org/>. Please discuss this list with your child. If you have any questions or concerns, please feel free to contact the club sponsor or the Assistant Principal for Clubs.

Also attached is the Parental Awareness Form on which you may tell us whether you wish for your child to participate in the club they have chosen. Please sign and return it to the appropriate club sponsor with your student. By signing this form, you acknowledge that you have received and reviewed, with your child, the club's constitution, which is attached.

We will continue to provide you with information on changes that may occur during the school year. This information will be communicated to you in newsletters, student handouts, and/or our website. You are welcome to call the school at any time for specific information regarding any club or organization, or to discuss any concerns you may have.

Sincerely,

Barbara Hefley  
Assistant Principal, Student Affairs

Please complete and return to appropriate club sponsor.

MIDDLETON HIGH SCHOOL PARENTAL AWARENESS FORM

Your student would like to participate in the following club: MAGNET  
(Club Name and Period)

This club's sponsor will be: Mr. Dodson  
(Club Sponsor Name)

My student \_\_\_\_\_  
(Student Name)

\_\_\_\_\_ may participate in the club listed above. I acknowledge that I have received and reviewed, with my child, the club's constitution.

\_\_\_\_\_ may not participate in the club listed above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\*\* Sponsors: Keep for your files.

**Appendix F**



## Photography/Videotaping Permission Form

Hillsborough County Public Schools

901 E. Kennedy Blvd., Tampa, FL 33602

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Student's Name

School

I give my permission for my child to be interviewed, photographed, or videotaped for use in school/district publications, school/district productions, or for use by the general media for print or broadcast purposes. I realize that my child will participate in the following activity/activities: MAGNET \_\_\_\_\_ and may be in a position to be interviewed, photographed, or videotaped.

Name of Activity/Club/Sport

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Print Name of Parent/Guardian

Parent/Guardian Signature

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Date

After you have read and signed the permission form, please return it to your child's school. The form will be retained at the school, with the student's records.

\*\*Sponsors: Keep for your files.

**Appendix G**