

Non-Traditional Student Activity Form

This form is only to be completed if the "Non-Traditional" student wishes to participate in a P.K. Yonge Developmental Research School activity pursuant to 1002.3.1, F.S.

Section A of this form must be completed by student's parent/legal guardian. **Section B** must be completed by P.K. Yonge Developmental Research School.

Submit form with current health records and student activity fees to the Main Office.

| FROM: | | | |
|---|--|--|--|
| | Name of Parent/Guardian | Email Address | |
| RE: | | | |
| | Student's Full Name | Student's DOB (mm/dd/yy) | |
| | Home Address (street address, city, state, zip) Daytime Telephone Number Student Currently Attends (name of school) Activity Student Wishes to Participate in at P.K. Yonge | | |
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| | | | |
| | this student's address, this student | . Yonge Developmental Research School is zoned to attend | |
| Based on t (name of school Base Poll Sec he/ | chis student's address, this student ol) sed on the P.K. Yonge Developmental Flicy", although this student would not potion A, this student meets all of the red/she chosen to do so, including, but no | | |



Non-Traditional Student Activity Fee

| Student Name | Date of Birth | | |
|--|------------------------|--|--|
| PKY Activity | _ Current Grade | | |
| Parent/ Guardian Responsible for Payment Daytime | e Phone | | |
| Non-traditional student is responsible to pay any activity-related fees as well as the school activity fee for the semester of the year during which they participate in a PKY-sponsored activity. | | | |
| Activity Fee: The Activity Fee is \$150 per non-traditional student For non-traditional students the Activity Fee is due before the studyonge campus. | - | | |
| I submit this acceptance and payment for the above-named student. By signing below, I acknowledge that I understand and agree with the statements below: ☐ I have read and understand the information above regarding Activity Fees. ☐ Activity Fees are \$150 per non-traditional student per semester. ☐ My student's activity participation may be terminated or revoked if the non-traditional student does not comply with P.K. Yonge's Code of Conduct. | | | |
| Parent/Guardian Signature | Date | | |
| Check payable to: | Office Use Only | | |
| UNIVERSITY OF FLORIDA | Amount Paid | | |
| MAIL TO: P.K. Yonge DRS, Business Office, 1200 S.W. 6th Street, Gaines FL 32601 | ville, Date Rec'd | | |
| DELIVER TO: Drop Box 1) on the Front Circle at Gate Guard, 2) 6th Street | Circle Log # / Receipt | | |
| or 3) at the Business Office | Payment Type | | |
| | Rec'd by | | |
| | Database Entry | | |