## 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.

Name of Par E:	ent/Guardian	Email Address
(E;		
Student's Fu	ll Name	Student's DOB (mm/dd/yy)
Home Addre	ss (street address,	city, state, zip)
Daytime Tele	ephone Number	
Student Currently A	ttends (name of sch	nool)
Activity Student Wis	shes to Participate i	n at P.K. Yonge
	npleted by P.K	. Yonge Developmental Research
School	draga this atudanti	a zanad ta attand
Based on the P.K. Yonge although this student wo student meets all of the r	Developmental Researc uld not physically occup requirements necessary I to, meeting established	s zoned to attendsh School's "Controlled Open Enrollment Policy", by a seat at the school listed in Section A, this to attend this school had he/she chosen to do so, al deadlines for admission, space availability, etc., equired*
f you have questions or ne	ed additional inforn	nation concerning this matter, please call P.K
onge Developmental Rese	earch School at 352	-392-1554.

1200 SW 6''' Street, Gainesville, FL 32601

## Non-Traditional Student Activity Fee



Parent/Guardian Signature	Date
acknowledge that I understand and agree  I have read and understand the inf  Activity Fees are \$150 per non-tra  My student's activity participation	formation above regarding Activity Fees.
	er non-traditional student per semester of PKY Activity Fee is due before the student begins the
•	pay any activity-related fees as well as the school during which they participate in a PKY-sponsored
Parent/ Guardian Responsible for Payment	Daytime Phone
PKY Activity	Current Grade
Student Name	Date of Birth

## **Check payable to:**

## **UNIVERSITY OF FLORIDA**

MAIL TO: P.K. Yonge DRS, Business Office, 1200 S.W.  $6^{th}$  Street,

Gainesville, FL 32601

**DELIVER TO:** Drop Box 1) on the Front Circle at Gate Guard, 2) 6<sup>th</sup> Street

Circle

or 3) at the Business Office

Office Use Only	
Amount Paid	
Date Rec'd	
Log # / Receipt	
Payment Type	
Rec'd by	
Database Entry	