



## Parental Consent Form

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This form is supplementary to the online application located at <http://www.phsfilmclub.com/join/> . We are required by Hillsborough County to collect parent signatures as a part of the application process, and unfortunately these cannot be digitized.

If you have any questions or concerns regarding PHS Film Club or the application process, please send them to Shay Cowart at [shay.cowart@sdhc.k12.fl.us](mailto:shay.cowart@sdhc.k12.fl.us)

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**Student Name** \_\_\_\_\_

**Student Grade** \_\_\_\_\_                      **Date** \_\_\_\_\_

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

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