

YLT CLASS 21 PARENT PERMISSION FORM

Applicant Name _____ School _____

**** Print this form, have a parent/ guardian review and sign it and turn in to your school's YLT contact by 2/5/24**

The High School YLT Contacts for 2024-2025 are:

Chiles: Brian Welch	Godby: Jan Anderson	Maclay: Heather Bas
Community Christian: Mara Eller	JP II: Sara Bayliss	NFC: Jim Lieser
FAMU DRS: Kay Wallace	Leon: Kelly Folmar	Rickards: Dr. Kwame King
Florida High: April McGriff	Lincoln: Callie Kitchens	SAIL: Marlow Matherne

**** If you attend Leon County Virtual School, are homeschooled or attend any other school not listed above, please turn this form into the YLT Office contact below. If you have any questions, please reach out to Lili Hoffman at lhoffman@talchamber.com or call (850) 521-3115**

YLT Class 21 Scheduled Program Days (Excused Absences from School):

- Tuesday, September 10, 2024
- Tuesday, October 15, 2024
- Thursday, November 7, 2024
- Tuesday, December 10, 2024
- Tuesday, January 28, 2025
- Tuesday, February 25, 2025
- Tuesday, March 25, 2025 ****make up day if needed**
- Tuesday, April 15, 2025

**** Class Orientation: Thursday, May 9, 2024, Opening retreat: Friday - Saturday, July 19 & 20, 2024, and Class Graduation: TBD**

MISSION: *To foster a personal vision and a lifelong commitment to Leadership and community service among Tallahassee youth.*

PARENT/ GUARDIAN COMMITMENT

This application has the approval of this parent/ guardian and the applicant has my full support, which includes the time required to participate in the program.

We have reviewed the schedule of events for the program year (above) and do not have any conflicts. In addition, I understand that if my child is selected for the program, **our obligation is a participation fee that will cover the entirety of the curriculum year in YLT.** Payment plans and some Scholarships are available upon request.

Please reach out to the YLT Program Director (contact below) if you wish to inquire about more information about the participation fee, payment plan, or scholarship funds. **This program will ensure the participation fee is not a barrier for accepted students.**

Signature of Parent/ Guardian

Date

Printed Name of Parent/ Guardian

Relationship to Applicant