



Student Application

2026-2027 School Year

The D.R. Hill (DRH) Garden Club is dedicated to cultivating an inclusive environment where students are empowered through hands-on learning experiences related to growing, sustaining, and nurturing plants. Our mission is to inspire a love for gardening while fostering teamwork, responsibility, and pride in our school and local community.

Throughout the year, members actively engage in a variety of seasonal activities—from planning and planting to maintaining vibrant garden spaces. Gardening is a year-round journey, and so the DRH Garden Club meets in every season, as there's always something new to discover and care for.

Club Meetings & Commitment

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When: Thursdays after school until 5:00 PM — rain or shine Our first meeting will be 5:00 PM

First Meeting: 08/13/2026

Membership: Limited to 30 students

Attendance Requirement: Members must attend at least two meetings per month to remain in active standing.

Garden Club is a hands-on, active participation program with limited space. To ensure every student has a meaningful experience, members are expected to attend regularly and actively contribute during meetings.

If a student is not consistently participating, their spot may be offered to another student who is ready to be involved.

Students please read and initial each statement below:

_____ I promise to listen to and follow all directions given by my garden club leaders.

_____ I will not use any tools until I have received proper training and approval

_____ I promise not to jeopardize the safety of my classmates by carelessness, indifference to safety or participating in horseplay.

_____ I promise to report all accidents, even if minor, to the garden club coordinator.

_____ I promise to show respect and consideration for all tools and equipment used for DRH Garden Club

For each meeting students will be responsible for wearing appropriate clothing, closed toe shoes, bringing their own water bottle, and wearing sunscreen.

Student Signature _____ Date _____

Return Applications to Front Office or Mrs. Lyles

A confirmation email will be sent to the parent/guardian email listed above to notify you of your child's Garden Club status. Please ensure the email address is written clearly and checked regularly.

Parental Consent

Student Name (first and last):	
Grade:	
Parent/Guardian Names:	
Parent/Guardian Phone Number:	
Parent/Guardian Email:	
Environmental Allergies	(Please Circle) Yes No If yes, please explain:
Insect Allergies	(Please Circle) Yes No If yes, please explain:
Requires EPIPen or Inhaler	(Please Circle) Yes No If yes, please explain:

Garden Club membership is Free! Please note that T-shirts and field trips are optional and may involve a cost. Details regarding these opportunities will be sent home separately.

As part of our Garden Club, students may participate in a variety of hands-on learning activities throughout the school year. These may include tasting produce harvested from our school garden, indoor sprouting lessons, and sampling items provided by local farmers. I give permission for my child, _____, to participate in food-related activities as part of the D.R. Hill Middle School Garden Club.

Please list any food allergies your child may have: _____

I give permission for my child, _____, to use hand tools and participate in all supervised activities of the D.R. Hill Middle School Garden Club. I understand and acknowledge that gardening and agricultural activities involve certain inherent risks of physical injury. I voluntarily assume all such risks on behalf of my child and agree to release and hold harmless D.R. Hill Middle School, Spartanburg School District Five, its staff, volunteers, and affiliates from any liability, claims, or demands related to participation in Garden Club activities.

I grant permission for D.R. Hill Middle School and the DRH Garden Club to photograph and/or video record my child, _____, during club activities. These images may be used in publications, newsletters, school websites, social media, or other communications that promote the mission of the Garden Club. No personally identifying information will be shared without additional consent.

I understand that Garden Club meetings will take place after school hours. I acknowledge that transportation is not provided, and I am responsible for arranging for my child to be picked up promptly after each meeting.

Parent/ Guardian Name (Please Print) _____

Parent/ Guardian Signature _____ Date _____

Emergency Contact Name _____ Number _____ Relationship _____