

**SOUTH MONTEREY COUNTY JOINT UNION HIGH SCHOOL DISTRICT
COMMUNITY SERVICE LEARNING PROJECT**

PARENT CONSENT FORM

STUDENT'S NAME: _____ PHONE: _____

ADDRESS: _____

I,/WE, THE PARENT (S), LEGAL GUARDIAN (S), HAVING CUSTODY OF THE ABOVE STUDENT, HAVE READ AND UNDERSTAND THE FOLLOWING:

1. DESCRIPTION OF THE PROJECT TO BE COMPLETED IS ON THE REVERSE SIDE.
2. HOURS EARNED WILL BE CREDITED TO THE STUDENTS'S SERVICE LEARNING REQUIREMENTS FOR GRADUATION.
3. NEITHER THE SOUTH MONTEREY COUNTY JOINT UNION HIGH SCHOOL DISTRICT NOR THE SUPERVISOR SHALL PROVIDE OR BE RESPONSIBLE FOR PROVIDING TRANSPORTATION FOR STUDENTS WHO PARTICIPATE IN THE PROGRAM.
4. IN THE EVENT OF ILLNESS OR INJURY, I DO HEREBY CONSENT TO WHATEVER X-RAY EXAMINATION , ANESTHETIC, MEDICAL, SURGERY OR DENTAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN.
5. NEITHER THE SOUTH MONTEREY COUNTY JOINT UNION HIGH SCHOOL DISTRICT, IT'S OFFICERS, EMPLOYEES OR AGENTS, NOR THE SUPERVISOR SHALL BE RESPONSIBLE OR IN ANY WAY LIABLE FOR THE CONDUCT OF THE ABOVE NAMED STUDENT AT ANY TIME WHEN SUCH STUDENT IS NOT ON SCHOOL PROPERTY.
6. I FULLY UNDERSTAND THAT PARTICIPANTS ARE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING CONTRACT DURING THIS PROJECT.
7. I/WE UNDERSTAND THAT THIS CONTRACT IS VALID FOR A PERIOD OF 30 DAYS FROM THE DATE OF EVENT OR ACTIVITY COMPLETION. **CREDIT WILL NOT BE GIVEN AFTER THE 30 DAY EXPIRATION.**

WITH THE FOREGOING INFORMATION AND UNDERSTANDING I/WE HEREBY CONSENT TO THE PARTICIPATION OF THE ABOVE STUDENT IN THIS PROJECT ON THE TERMS AND CONDITIONS PROVIDED ABOVE.

PARENT/GUARDIAN SIGNATURE:

DATE

**SOUTH MONTEREY COUNTY JOINT UNION HIGH SCHOOL DISTRICT
SERVICE LEARNING PROJECT CONTRACT**

STUDENT'S NAME _____ GRADE LEVEL _____

HOME PHONE _____ TEACHER/CLASSROOM/PER. _____

EVENT OR ACTIVITY _____

SUPERVISOR _____ PHONE _____

DESCRIPTION OF SERVICE TO BE PERFORMED: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR'S SIGNATURE

SUPERVISOR'S EVALUATION OF SERVICE

NOTE: THIS IS A NON-PROBATION ACTIVITY

EVALUATION OF SERVICE: EXCELLENT GOOD FAIR POOR

SUPERVISOR'S COMMENTS: _____

STUDENT'S EVALUATION OF HIS/HER WORK: _____

I, _____, AGREE TO COMPLETE THE TASK DESCRIBED ABOVE. I UNDERSTAND THAT COMPLETION AND SIGNATURE OF SUPERVISOR WILL CREDIT ME THE NUMBER OF HOURS LISTED ABOVE.

(A total of 20 hours must be completed between Junior and Senior Year. A minimum of 5 hours must be completed during Senior year.)