

Total Hours \_\_\_\_\_

Student ID # \_\_\_\_\_

# Greenfield High School (831)674-2751 Service Learning Project Contract

STUDENT'S NAME \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ TEACHER/CLASSROOM/PER. \_\_\_\_\_

EVENT OR ACTIVITY \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

DISCRIPTION OF SERVICE TO BE PERFORMED: \_\_\_\_\_

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR'S 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.)*

**Greenfield High School  
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. DISCRIBTION OF THE PROJECT TO BE COMPLETED IS ON THE REVERSE SIDE.
2. HOURS EARNED WILL BE CREDITED TO THE STUDENT'S SERVICE LEARNING REQUIREMENTS FOR GRADUATION.
3. NEITHER THE KING CITY JOINT UNION HIGH SCHOOL DISTRICT NOR THE SUPERVISOR SHALL PROVIDE OR BE RESPONSIBLE FOR PROVIDING TRASPORTATION FOR STUDENTS WHO PARTICIPATE IN THE PROGRAM.
4. IN THE EVENT OF ILLNESS OR INJURY, I DO HERBY CONSENT TO WHATEVER X-RAY EXAMINATION, ANESTHETIC, MEDICAL, SURGICAL OR DENTAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICAN.
5. NEITHER THE KING CITY JOINT UNION HIGH SCHOOL DISTRICT, ITS OFFICERS, EMPLOYEES OR AGENTS NOR THE SUPERVISOR SHALL BE RESPONSIBLE OR IN ANY WAY LIABLE FOR THE CONDUCT OF THE 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 CONDUCT 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 NAMED STUDENT IN THIS POJECT ON THE TERMS AND CONDITIONS PROBIDED ABOVE.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

*(A Total of 20 hours must be completed between Junior and Senior year.)*