

**INDEPENDENT SERVICE-LEARNING PROJECT
PRE-APPROVAL FORM**

Student Name _____ **Section #** _____

Parent Permission:

I hereby grant permission for my child to participate in the service-learning experience as described below. I understand that my child has voluntarily selected this project to be completed on his/her own time and has made arrangements at the site to complete hours which can be counted toward the service-learning graduation requirement. In addition, I understand that my child is responsible for transportation to and from the site as well as having this project pre-approved before service.

Parent/Guardian Signature

Coordinator Permission:

I hereby declare that the service-learning project described below is consistent with the Baltimore County Public Schools Standards & Guidelines and is acceptable for service-learning hours.

School Service-Learning Coordinator Signature

PROJECT DESCRIPTION

Name of Agency _____

Address _____

Name of Site Supervisor _____ **Phone #** _____

COMPLETE ONE OF THE FOLLOWING:

_____ This will be **ONE DAY OF SERVICE** Date: _____

_____ This will be **ONGOING SERVICE** Beginning Date: _____

