

**Service-Learning
Individual Project**

PRE-APPROVAL FORM

Student Name _____, _____ **Section #** _____
Last First

Parent Permission:

I hereby grant permission for my son/daughter to participate in the service-learning experience as described below. I understand that my son/daughter has made arrangements at the placement site to complete hours toward the service-learning graduation requirement. In addition, I understand that he/she 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**

_____ This will be **ONGOING SERVICE**

Date: _____

Beginning Date: _____

