

Smythe Academy Middle School
8th Grade Service Learning Project
Parent/Student & Adult Supervisor Permission Slips

Parent/Student:

I, _____, give
(Printed Parent/Guardian Name)

_____ permission to volunteer at
(Printed Student Name)

(Name of place where student will be volunteering)

I am aware that my child will volunteer for a total of *at least* fifteen hours and his/her experiences will be incorporated into a year-long project. I am aware that if he/she does not complete the fifteen hours and the assignments, my child will not be allowed to participate in promotion.

Parent Signature: _____

Student Signature: _____

Date: _____

Adult Mentor:

I, _____, give
(Printed Name of Adult Supervisor)

_____ permission to volunteer at
(Printed Student Name)

(Name of place where student will be volunteering)

I will sign his/her Hours Validation sheet each time to confirm the hours he/she has volunteered. If needed, you can reach me at

Phone _____ **and/or email** _____

Adult Supervisor Signature: _____

