



Network of Sacred Heart Schools – Summer Service 2021 Student School Approval Form

Student Name: _____

School: _____

- We approve this student's application to participate in a Network Summer Service Project in the Summer of 2021. We believe that this student has the maturity, capacity and ability to participate in service with other students and work under the Direction of Adult Staff/Chaperones from the Network of Sacred Heart Schools.
- We do not approve this student's application to participate in a Network Summer Service Project.

To Be Signed by Division Head and the Head of School:

Signature of Division Head: _____ Date: _____

Signature of Head of School: _____ Date: _____

If you would prefer to speak with the Network Office about this applicant, please provide your phone # and indicate the best time to contact you.

Phone number: _____ Best time to contact: _____

Summer Service Coordinator –

Please scan and email this form to jane.steinfels@shschicago.org no later than February 12, 2021.