



# Madison Southern High School Service-Learning Activity Approval Form

Name of Organization: \_\_\_\_\_

Activity or Event: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Student(s) Requested Approval: \_\_\_\_\_

Who receives the benefit or proceeds from this activity?  
*(Remember the activity must be for a non-profit organization and/or benefit someone in need)*

\_\_\_\_\_

Brief Description of Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_

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\_\_\_Approved

\_\_\_Not Approved

Signature of Principal \_\_\_\_\_ Date: \_\_\_\_\_