

## Senior Service Project Parent Approval Form

Please complete this form and return it to **Campus Ministry** by **November 1 (or the first day of school in November)**.

**Student Name:** \_\_\_\_\_

**Family Room Number:** \_\_\_\_\_

**Senior Service Choice(s). Your choice(s) must total 70 hours.**

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**Disclaimer: By signing, the student and parent/guardian acknowledge the "Senior Service" site as well as completion date requirements.**

**Student Signature Date:** \_\_\_\_\_

**Parent Signature Date:** \_\_\_\_\_