



As part of each student's requirements for graduation, five hours of community service must be performed for each year or partial year of attendance at Public 27J High school. Community service work cannot take place during the regular school day. Students may not receive pay or academic credit for community service. Court-ordered or disciplinary service may not count for community service. Service is defined as Volunteer experience, Community Service (non-Profit or government agency) or Experiential Learning. Students are encouraged to use this service opportunity to explore potential career interests. If you have any question about what will count for community service, it is best to check with your counselor before completing hours. Hours that do not meet above requirements will not count.

1. Student Name and Grade Level \_\_\_\_\_

2. Counselor \_\_\_\_\_

3. Place of Service \_\_\_\_\_

4. Type of Service: (Circle One) Volunteer Community Experiential

**How did this experience help you towards your future goals?**

**Parent Permission For The Above Activity**

I/we give permission for my son/daughter to participate in the 27J High School Service Learning activity. I understand that my child will provide his/her own transportation to and from this learning activity.

I/we also give the above-named individuals full authority to handle any situation (emergency or otherwise) to the best of their judgment and I/we also relieve the business, the sponsor, the counselor, and School District 27J of any liability (financial or otherwise) in case of illness, accident or any other emergency in connection with this service learning experience.

I/we fully understand that 27J School District, the high school they attend, and the business/organization for which he/she will be working does not provide any accident or health insurance coverage for my son/daughter while participating in a service learning activity. I fully understand that it is my responsibility to provide insurance coverage for my child.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Certificate of Supervision**

\_\_\_\_\_ has provided community service as described above on \_\_\_\_\_  
for \_\_\_\_\_ hours.

Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor (Print name below)