

HOMEROOM: _____

SIGNATURE OF ADVISOR: _____

NOTRE DAME ACADEMY
SENIOR PROJECT

RELEASE FORM

MY DAUGHTER, _____ has my permission to participate in the Senior Project of her choice during the specified dates.

Dates Participating: May 7 - May 15 (7 school days - 36 hours)

Senior Project Location: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Sponsor Contact Person: _____
Dates at location: _____

Senior Project Location #2: _____
(If a second place is needed, you must complete <u>Senior Project Exception Form</u> as well)
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Sponsor Contact Person: _____
Dates at location: _____

As a parent/guardian, I release Notre Dame Academy, Catholic Youth & School Services, and any associated person or agency from any claims in consideration for the opportunity to participate in this program.

SIGNATURE OF PARENTS: _____

Home Phone Number: _____

Business Phone Number: _____

As a student I agree to:

1. Meet all deadlines concerning Senior Project
2. Successfully complete 36 hours, equivalent to 1/4 credit required for graduation
3. Keep Daily Log during Senior Project
4. Participate in Project Sharing on Wednesday, May 16th, 2012
5. Send a Thank-You note to my Sponsor at the end of Senior Project

SIGNATURE OF STUDENT: _____

Date: _____

****NOTE**

If you plan to work with a Doctor or Nurse, be sure to call the volunteer services department of any hospital where that person may plan on taking you and see what requirements they have for volunteers.