

Gainesville Potter's House Christian Academy Volunteer Service Hours

Students Name: _____ **Home Teacher:** _____ **Grade:** _____

[illegible]

[illegible]

Safety Patrol Permission Slip

To be completed by the parent(s) only.

I _____ promise that I will maintain good behavior at school, work hard to have passing grades and I will complete my required volunteer hours. I also understand that if I am called out of class to perform a duty that I will ask my teacher for the work that I miss. I understand that I am responsible for making up all the work that I miss while completing my volunteer hours.

Student Signature

Date

Home Teacher Signature

To be completed by the parent(s) only.

I _____ give permission for my child _____ to complete their required volunteer service hours. I understand that my child will need to follow a schedule in and out of the school. I also understand that my child must maintain passing grades, good behavior, and serve as a role model to other students. I understand that my child may become disqualified to complete their volunteer work at school if he or she fails to meet these standards.

Parent Signature

Date