

# INDEPENDENT SERVICE-LEARNING ACTIVITY PRE-APPROVAL FORM

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Name of Service Site/Organization: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Site Contact Number: \_\_\_\_\_

What is the purpose/mission of the organization or service site?

What community need(s) will be addressed through your service?

How will your service impact the community and support the efforts of the service site/organization?

**Parent/Guardian Consent:**

- I grant permission for my child to participate in this service-learning experience and accept full responsibility for the supervision and safety of my child throughout the project.
- I understand the school will not be providing transportation or funding for this project.
- I am aware this request must be pre-approved by the school service-learning coordinator prior to my child beginning the activity to ensure it meets the established standards and guidelines.

\_\_\_\_\_  
Parent/Guardian Signature

**Service-Learning Coordinator Approval:**

I have reviewed this project and it meets the BCPS service-learning standards and guidelines.

\_\_\_\_\_  
School Service-Learning Coordinator Signature