

Fort Madison High School Service Learning Agreement

Student Information

Student Name: _____

Grade: _____

Phone: _____

Organization Information

Organization: _____

Address: _____

Contact/Supervisor: _____

Contact Phone: _____

Service Description: _____

[illegible]

Evaluation of Student's Work: ☐ Unsatisfactory ☐ Satisfactory ☐ Exceptional
Supervisor Comments:

I verify that I have completed the above documented service(s) in order to fulfill the service learning requirement for high school graduation

Signature _____ Date: _____

I give my permission for my son/daughter to provide service to this person/organization and understand that I am responsible for any transportation that needs to occur for completion of this service.

Parent/Guardian Signature: _____

Upon completion, return this form to the High School Guidance Office

This area to be filled out by the Service Learning Office at the completion of service

Return Date: _____ Total Hours: _____

Guidance Approval: _____