



## St. Charles School & Parish Service Project

Student Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Grade \_\_\_\_\_

1. The student named above has been accepted for a service project. **What will the student be doing?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I, as a parent or legal guardian, give permission for my child to participate in this project.

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

3. The student named above has successfully completed a service project for St. Charles School & Parish.

Supervisor's Signature \_\_\_\_\_

Date Completed \_\_\_\_\_ Hours Completed \_\_\_\_\_

**\*\*\* Please return completed form to the school office.\*\*\***