

Fort Lee High School

School Community Service Permission Form

Student Name: _____

Grade: _____

Student E-Mail Address: _____

Student Cell Phone # (optional): _____

Parent Name: _____

Parent E-Mail Address: _____

Parent Cell Phone # (optional): _____

Guidance Counselor: _____

Name of Service Program or Organization: _____

Circle: Outside of School (Period 10)

In-School Period: _____

My son/daughter has my permission to participate with the School and Community Service Program at Fort Lee High School.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

I agree to serve as a supervisor and provide a community service opportunity for this student.

Print Name of Supervisor: _____

Signature of Supervisor: _____

Title of Supervisor: _____

Supervisor Phone # and Email: _____

Date: _____

Please return this form to the School Community Service Coordinator