



Class of 2013
SOCIAL SERVICE PROJECT
Application – Permission Form
Due February 21, 2012

All fields must be filled in completely.

(Please Print)

Student's Name _____ Phone # _____ Cell phone _____

Agency Supervisor's Name _____ His/Her Phone # _____

Name of Agency _____ Phone # (if different) _____

Complete Address of Agency _____
Street City Zip

Description of the work you will be doing. You MUST be working DIRECTLY with people in need...no office / secretarial jobs.

Time of day (from when to when) that you will be working (minimum 6 ½ hours, between 7 am and 3:30 pm; includes ½ hour for lunch) _____

Student's signature _____

Agency Supervisor's signature _____

I approve of my son's SSP assignment. _____
Parent's/Guardian's signature

The Social Service Project (SSP) is a school graduation requirement.