

### **For NHS Tutoring**

# PUBLIC SCHOOLS Shorewood High School 2019-2020 Community Service Verification & Consent Form

Student Name

Graduation Year

Graduation Hours

NHS Hours\*

1. Student Informa	ation & Pare	nt/ Guardian Consent		
Student Name			Be sure you:	
Student k12 Email			1. Put an X in the NHS box.	
			-	description with NHS.
Parent Name				m out completely.
Parent/ Guardian Info	rmed Consent	must be completed prior to service	<b>5.</b> 1 III the loi	in out completely.
		risks associated with this activity, I hereby	give my permission for m	y student,
= -		he Shoreline School District and assume a	= ::	
recovery or to bring leg	al action agains	st the Shoreline School District for any inju	ry, death, property damag	ge, or other consequences arising out
of participation or durin	g the period of	activity. NOTE: The district does not requi	re or endorse the actual ¡	physical activity the student undergoes
to prepare for this proje	ect.			
Parent/ Legal Guardia	n Signature		Date	
=	_	cts knowledge and approval of the activitie	_	
ŭ	J	· ,,		
2. Nonprofit Organ	nization Info	rmation		
Name of Nonprofit	-		Nonprofit Location	
Supervisor Name			Supervisor Title	
Supervisor Email	Supervisor Phone			
3. Log of Services	Rendered			
Date	Hours	Description of Service Rendered		Supervisor Signature
9,27,19	.5	NHS Tutoring @	Lunch	
		helped w Algeb	ra	
TOTAL HOURS				
4. Student Signatu	ıre			
By signing, I certify that	t I have provide	d the services listed above.		
Student Signature			Date	
-				

Submit this form to the Shorewood High School Career Center right after you perform your service; pay attention to periodic deadlines. Senior deadline for completing the 40 hour graduation requirement: 4.10.2020.



### **For NHS Community Service**

# PUBLIC SCHOOLS Shorewood High School 2019-2020 Community Service Verification & Consent Form

Student Name			
Graduation Year			
Graduation Hours			
NHS Hours*	X		

1. Student Informa	tion & Parent	Guardian Consent		
Student Name	Be sure you:			
Student k12 Email	1. Put an X in the NHS box.			
Parent Name	2. Start your description with NHS.			
raient Name	3. Fill the form out completely.			
Parent/ Guardian Info	rmed Consent m	ust be completed prior to service	orm out completely.	
Being fully informed and	d aware of the risk	s associated with this activity, I hereby give my permission fo	r my student,	
to participate in this acti	activity. I release the Shoreline School District and assume any risk inherent in this activity. In addition, I waive the right of			
recovery or to bring lega	al action against t	ne Shoreline School District for any injury, death, property dar	nage, or other consequences arising out	
of participation or during	g the period of act	ivity. NOTE: The district does not require or endorse the actu	al physical activity the student undergoes	
to prepare for this project	ct.			
Parent/ Legal Guardia	n Signature	Da	ite	
=	=	knowledge and approval of the activities listed.	· ·	
· ·				
2. Nonprofit Organ	ization Inform	nation		
Name of Nonprofit	Nonprofit Location			
Supervisor Name	Supervisor Title			
Supervisor Email	Supervisor Phone			
3. Log of Services				
Date	Hours	Description of Service Rendered	Supervisor Signature	
10,25,19	3	NHS Community Service		
		helped @ Meridian Park	Fall Carnival	
TOTAL HOURS				
4. Student Signatu	ire			
By signing, I certify that I have provided the services listed above.				
Student Signature	Student Signature Date			
ū	-		-	

Submit this form to the Shorewood High School Career Center right after you perform your service; pay attention to periodic deadlines. Senior deadline for completing the 40 hour graduation requirement: 4.10.2020.



### **For NHS Sponsored Hour**

# PUBLIC SCHOOLS Shorewood High School 2019-2020 Community Service Verification & Consent Form

Student Name			
Graduation Year			
Graduation Hours			
NHS Hours*	X		

Student k12 Email  Parent Name  2. Start your description with NHS. 3. Fill the form out completely.  Being fully informed and aware of the risks associated with this activity, I hereby give my permission for my student, to participate in this activity, I release the Shoreline School District and assume any risk inherent in this activity. In addition, I waive the right of recovery or to bring legal action against the Shoreline School District for any injury, death, property damage, or other consequences arising out of participation or during the period of activity. NOTE: The district does not require or endorse the actual physical activity the student undergoes to prepare for this project.  Parent/ Legal Guardian Signature  Parent/ Legal Guardian Signature reflects knowledge and approval of the activities listed.  2. Nonprofit Organization Information  Name of Nonprofit  Supervisor Name  Supervisor Phone  3. Log of Services Rendered  Date  Hours  Description of Service Rendered  Date  Prept For College More Night				
1. Put an X in the NHS box.	Student Name		Po sue	2 TO44
Parent Name  2. Start your description with NHS. 3. Fill the form out completely.  Being fully informed and aware of the risks associated with this activity, I hereby give my permission for my student, to participate in this activity. I release the Shoreline School District and assume any risk inherent in this activity. In addition, I waive the right of recovery or to bring legal action against the Shoreline School District for any injury, death, property damage, or other consequences arising out of participation or during the period of activity. NOTE: The district does not require or endorse the actual physical activity the student undergoes to prepare for this project.  Parent/ Legal Guardian Signature Parent/ Legal Guardian Signature reflects knowledge and approval of the activities listed.  2. Nonprofit Organization Information  Name of Nonprofit Supervisor Name Supervisor Title Supervisor Phone  3. Log of Services Rendered  Date Hours Description of Service Rendered  Date Hours Description of Service Rendered  Date Prep for College More Night	Student k12 Fmail	· · · · · · · · · · · · · · · · · · ·		
3. Fill the form out completely.  Parent/ Guardian Informed Consent must be completed prior to service Being fully informed and aware of the risks associated with this activity, I hereby give my permission for my student, to participate in this activity. I release the Shoreline School District and assume any risk inherent in this activity. In addition, I waive the right of recovery or to bring legal action against the Shoreline School District and assume any risk inherent in this activity. In addition, I waive the right of recovery or to bring legal action against the Shoreline School District for any injury, death, property damage, or other consequences arising out of participation or during the period of activity. NOTE: The district does not require or endorse the actual physical activity the student undergoes to prepare for this project.  Parent/ Legal Guardian Signature  Parent/ Legal Guardian Signature  Date  Parent/ Legal Guardian signature reflects knowledge and approval of the activities listed.  2. Nonprofit Organization Information  Name of Nonprofit  Supervisor Name  Supervisor Title  Supervisor Phone  3. Log of Services Rendered  Date  Hours  Description of Service Rendered  Date  Hours  Description of Service Rendered  NHS Sponsored Hour  Prep for College & More  Night				
Parent/ Guardian Informed Consent must be completed prior to service  Being fully informed and aware of the risks associated with this activity, I hereby give my permission for my student, to participate in this activity. I release the Shoreline School District and assume any risk inherent in this activity. In addition, I waive the right of recovery or to bring legal action against the Shoreline School District for any injury, death, property damage, or other consequences arising out of participation or during the period of activity. NOTE: The district does not require or endorse the actual physical activity the student undergoes to prepare for this project.  Parent/ Legal Guardian Signature  Parent/ Legal Guardian Signature reflects knowledge and approval of the activities listed.  2. Nonprofit Organization Information  Name of Nonprofit  Supervisor Name  Supervisor Phone  3. Log of Services Rendered  Date  Hours  Description of Service Rendered  Date  Hours  Description of Service Rendered  And Prep for College & More  Night	Parent Name	•		
Being fully informed and aware of the risks associated with this activity, I hereby give my permission for my student,	Parent/ Guardian Info	rmed Consent i		he form out completely.
to participate in this activity. I release the Shoreline School District and assume any risk inherent in this activity. In addition, I waive the right of recovery or to bring legal action against the Shoreline School District for any injury, death, property damage, or other consequences arising out of participation or during the period of activity. NOTE: The district does not require or endorse the actual physical activity the student undergoes to prepare for this project.  Parent/ Legal Guardian Signature  Parent/ Legal Guardian Signature reflects  **Rhowledge and approval of the activities listed.**  2. Nonprofit Organization Information  Name of Nonprofit  Supervisor Name  Supervisor Title  Supervisor Phone  3. Log of Services Rendered  Date  Hours  Description of Service Rendered  2.12.20  2.25  NHS Sponsored Hour  prep for College & More  Night				sion for my student.
recovery or to bring legal action against the Shoreline School District for any injury, death, property damage, or other consequences arising out of participation or during the period of activity. NOTE: The district does not require or endorse the actual physical activity the student undergoes to prepare for this project.  Parent/ Legal Guardian Signature				
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Parent/ Legal Guardian Signature  Parent/ Legal Guardian Signature reflects knowledge and approval of the activities listed.  2. Nonprofit Organization Information  Name of Nonprofit  Supervisor Name  Supervisor Title  Supervisor Email  Supervisor Phone  3. Log of Services Rendered  Date  Hours  Description of Service Rendered  Supervisor Signature  2.12.20  2.25  NHS Sponsored Hour  prep for College & More Night	of participation or durin	g the period of a	ctivity. NOTE: The district does not require or endorse th	ne actual physical activity the student undergoes
Parent/ Legal Guardian signature reflects knowledge and approval of the activities listed.  2. Nonprofit Organization Information  Name of Nonprofit  Supervisor Name  Supervisor Title  Supervisor Phone  3. Log of Services Rendered  Date  Hours  Description of Service Rendered  2.12.20  2.25  NHS Sponsored Hour  prep for College & More Night	to prepare for this proje	ect.		
Parent/ Legal Guardian signature reflects knowledge and approval of the activities listed.  2. Nonprofit Organization Information  Name of Nonprofit  Supervisor Name  Supervisor Title  Supervisor Phone  3. Log of Services Rendered  Date  Hours  Description of Service Rendered  2.12.20  2.25  NHS Sponsored Hour  prep for College & More Night	Parent/ Legal Guardia	n Signature		Date
2. Nonprofit Organization Information  Name of Nonprofit Supervisor Name Supervisor Title Supervisor Email Supervisor Phone  3. Log of Services Rendered Date Hours Description of Service Rendered Supervisor Signature 2.12.20 2.25 NHS Sponsored Hour prep for College & More Night	=	_	ts knowledge and approval of the activities listed.	
Name of Nonprofit Supervisor Name Supervisor Title Supervisor Email Supervisor Phone  3. Log of Services Rendered Date Hours Description of Service Rendered Supervisor Signature 2.12.20 2.25 NHS Sponsored Hour prep for College & More Night	· ·	·	•	
Supervisor Name Supervisor Email Supervisor Phone  3. Log of Services Rendered Date Hours Description of Service Rendered Supervisor Signature 2.12.20 2.25 NHS Sponsored Hour prep for College & More Night	2. Nonprofit Organ	nization Infor	mation	
Supervisor Email  3. Log of Services Rendered  Date Hours Description of Service Rendered Supervisor Signature  2.12.20 2.25 NHS Sponsored Hour  prep for College & More Night	Name of Nonprofit			
3. Log of Services Rendered  Date Hours Description of Service Rendered Supervisor Signature  2.12.20 2.25 NHS Sponsored Hour  prep for College & More Night	Supervisor Name	Supervisor Title		
Date Hours Description of Service Rendered Supervisor Signature  2.12.20 2.25 NHS Sponsored Hour  prep for College & More Night	Supervisor Email	Supervisor Phone		
Date Hours Description of Service Rendered Supervisor Signature  2.12.20 2.25 NHS Sponsored Hour  prep for College & More Night				
2.12.20 2.25 NHS Sponsored Hour  prep for College & More Night	3. Log of Services	Rendered		
prep for College & More Night	Date	Hours	Description of Service Rendered	Supervisor Signature
	2.12.20	2.25	NHS Sponsored Hour	
			prep for College & Mc	ore Night
			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
TOTAL HOURS	TOTAL HOURS			
		1		
4. Student Signature	4. Student Signatu	ıre		
By signing, I certify that I have provided the services listed above.			the services listed above.	
	04 - 44 024			Dete
Student Signature Date				Date

Submit this form to the Shorewood High School Career Center right after you perform your service; pay attention to periodic deadlines. Senior deadline for completing the 40 hour graduation requirement: 4.10.2020.