CLASS OF	(PLE	EASE	WR	ITE	IN	YEA	\R!	!!!	!)

SERVICE LEARNING AGREEMENT CHICAGO PUBLIC SCHOOL/LANE TECH HIGH SCHOOL

Name:	Division #
Site/Project Name:	
Site Address:	Zip Code:
Site Contact Name:	Title:
Site Contact Number:	Project Date(s):
Basic responsibilities:	
	vide service at the above site. I agree to abide by the Chicago Public Schools and to provide to the best of my ability
Student Signature	Date
this student. In exchange for services ren student. We will not expect the student to the age and experience of the student. The	the student as specified and to provide meaningful tasks for idered, this agency will train, supervise and evaluate the participate in activities that would be considered unsafe for his is to acknowledge that we dodo not (check one) eting the student when he/she is involved in this service project. Date
I, the parent/legal guardian of the above	student, approve his/her participation at this site and agree y child in the service he/she will render to the site we have
Parent/Guardian Signature	Date
MEDI	CAL RELEASE INFORMATION
If the parent/guardian is unavailable, plea	ase notify the emergency contact person below:
Name:	Phone:
The student has my permission to be transin an emergency or accident.	nsported and treated by any doctor assigned by the service
Parent/Guardian Signature	

PLACE YOUR COMPLETED FORM IN THE BIN INSIDE THE RECORDS OFFICE (INSIDE THE MAIN OFFICE)

SERVICE LEARNING TIME SHEET

CHICAGO PUBLIC SCHOOLS/LANE TECH HIGH SCHOOL

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR'S SIGNATURE
TOTAL HOURS	S ON THIS SHEET	?:		
		REFLECTIO	ON	
talents or gifts you	u discovered or devel		rience. You may write a poice or write a poem (mus	

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