

School Permission Form Service Learning Program

Please Print All Information

Student Name: _____ Phone: _____ Grade: _____ School: _____

Birth date (DD/MM/YY): ____ / ____ / ____ Email: _____

The above student has been selected to attend the Service Learning Program during the day of _____.

It is necessary that the student receive **permission from teachers and school counsellor**, prior to attendance. Students are urged to complete work prior to the Service Learning program and make up any work they miss after returning.

School Permissions

Teachers' Comments and Signatures

Subject	Comments	Teacher Signature

School Counsellor Signature: _____