



Irvington Preparatory Academy
5751 E. University Ave., Indianapolis, Indiana 46219
317.357.3770 (v) / 317.357.3786 (f)

IPA SERVICE LEARNING PROGRAM
2018-2019 Academic Year

Permission and Verification Form

TURN IN THIS FORM AFTER PROJECT IS COMPLETE AND AN ORGANIZATION REPRESENTATIVE HAS SIGNED BELOW.

PARENT/GUARDIAN PERMISSION

(Please complete PRIOR to project participation.)

I give my dependent, _____ (student name), permission to participate in
service learning with _____ (name of organization) on _____ (date).

Parent/Guardian: By signing below, you acknowledge that your child is participating in the **2018-2019 IPA Service Learning Program**. You acknowledge that ICS, Inc. is not responsible for the supervision, transportation, or safety of your child if they participate in a non-school sponsored project or initiative.

Parent/Guardian Signature: _____ Date: _____

ORGANIZATION VERIFICATION

(Please complete AFTER project participation.)

I verify that _____ (student name) has completed _____ (hours of service) on
_____ (date) for _____ (name of organization).

I have granted permission for this student and Irvington Community Schools, Inc. to take and use photographs of this event or project specifically for marketing and promotional purposes. No _____ Yes _____

Did the student receive compensation in any form? No _____ Yes _____

He/she has performed the following service (please list brief description of service below):

Organization Representative Signature + Title: _____

Date: _____

***STUDENTS:** Failure to get this form filled out completely will result in a denial of service learning hours. After this form has been turned in to Ms. Hughes, ICS Community Engagement Specialist, OR Ms. Brinsley, IPA School Counselor, please submit the required online electronic [IPA Service Learning Reflection Form](#).

IPA Office Use Only:

Received by: _____ Date received: _____ Date logged: _____