



Irvington Preparatory Academy
 Office of Community Engagement
 Tammi L. Hughes, Community Engagement Specialist
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IPA SERVICE LEARNING PROGRAM
 2019-2020 Academic Year

Permission and Verification Form

TURN IN THIS COMPLETED 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 2019-2020 IPA Service Learning Program. You acknowledge that Irvington Community Schools, 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 ____

The student 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. Tammi Hughes, ICS Community Engagement Specialist, please submit the required online electronic IPA Service Learning Reflection Form.**

ICS Community Engagement Office Use Only:

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