Student Name	Student ID #

MISSION OAK HIGH SCHOOL COMMUNITY SERVICE PROGRAM

PARENT PERMISSION FORM



All students must complete and submit this form **BEFORE** beginning their community service.

Students who participate in the Mission Oak High School Community Service Program are encouraged to volunteer their time to help others by performing community service. We believe this program enhances skills, builds character and fosters personal growth. Participation of all students is both welcomed and encouraged.

PARENT SECTION		
Parent's Name		
By giving my son/daughter permission to parti	pate in the Mission Oak High School Community Service Program, I understand and agree that:	
 Transportation to and from the agend Mission Oak High School and the Tula accidents in transit to, during, and from 	Joint Union High School District is not liable for any injuries or misfortunes that may result from a ty service activity.	
I am the legal guardian for the student named	elow, and he/she has my permission to participate in the MOHS Community Service Program.	
Signature of Parent/Guardian	Date	
Printed Name of Parent/Guardian	Phone #	
	STUDENT SECTION	
	ervice Program, I realize that my behavior in the community is a reflection of my school. I promise to a manner that will make my school proud to send me into the community as a representative of MOHS.	
Student's Signature	DateEmail	
Printed Name of Student	Student ID #GradePhone	