

Graduation Project Service Contract

Student Name : _____ Year of Graduation: _____

Graduation Project Title: _____

Address of organization, corporation, merchant, or community building
where the project will take place:

Name of Business/organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of Supervisor: _____

Telephone number of supervisor: _____

Email Address of Supervisor: _____

Student Contract

I agree to perform a *minimum of 35 hours* of career exploration, community service or extension of learning. I also agree to follow the requirements and guidelines as set up by Pottstown High School for successful completion of my graduation project. I understand that I will be accountable to my supervisor and the Graduation Project Committee in reporting the progress of my project and any problems that I might experience. I also understand that I will be acting as a representative of Pottstown High School and will behave in a manner that will reflect favorably upon the school.

Student Signature

Date

Parent/Guardian Permission

I approve of my child's participation in this project

Parent/Guardian Signature

Date

Supervisor Contract

I agree to work with the above named student during this project. I will provide opportunities and support for success in completing this endeavor. I will inform the student and the graduation project committee chairperson of any problems that arise. I will sign the student's journal to verify the time the student has spent with our organization and/or with me.

Supervisor Signature

Date