



Madison Central School
Request for Approval of Community Involvement

Today's Date: _____

Student Name: _____ Grade Level: _____

Home Phone: _____

Description of Activity (including a brief description of the services you will provide for this activity.)

Event Date(s): _____ Projected Hours: _____

Organization: _____

Contact Person: _____

Mailing/ Email Address: _____

Contact Person's Phone#: _____

PLEASE NOTE: Please complete Step 1 Before Beginning Activity

Step 1: ADMINISTRATIVE APPROVAL

Bring form to Secondary Office. NO CREDIT will be given if prior approval is not granted.

PRINCIPAL SIGNATURE: _____  **Approved**

 **Not Approved**

Step 2: Signature of Contact Person after Completion of Activity:

CONTACT PERSON SIGNATURE: _____ DATE: _____

Number of hours completed: _____ (This section to be completed by the organization representative).

Office Use Only: # Hours Credited _____

Date: _____ Initials: _____ Total Hours: _____