

**PILGRIM HIGH SCHOOL**  
**111 PILGRIM PARKWAY**  
**WARWICK, RHODE ISLAND 02888**  
**PHONE 401-734-3250**  
**FAX 401-734-324**

**Student Contract and Placement Information Form/Permission Form**

Name of Student: \_\_\_\_\_ HR \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Placement Center: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

(This person should be present at the job site most of the time.)

My specific duties at this Placement center will be as follows:

\_\_\_\_\_  
\_\_\_\_\_

Each Senior will be expected to complete 50 hours of service before the end of the third marking period in order to receive a certificate of participation.

Each junior will be expected to complete 40 hours of service before the end of the third marking period in order to receive a certificate of participation.

Each sophomore will be expected to complete 30 hours of service before the end of the third marking period in order to receive a certificate of participation.

Each freshman will be expected to complete 20 hours of service before the end of the third marking period in order to receive a certificate of participation.

**I hereby give my daughter/son permission to participate in the Service Learning Program at the Placement center listed above. I absolve the Placement center and Pilgrim High School of any and all responsibility for any injury which may occur as a result of her/his participation in this program.**

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_ Student signature: \_\_\_\_\_

Return all forms to Ms. Durand in the Guidance Office.