

VIGO COUNTY SCHOOL CORPORATION

REQUEST FOR STUDENT PARTICIPATION IN A COMMUNITY ACTIVITY

TO: SCHOOL SERVICES/CURRICULUM ASSISTANT

FROM: \_\_\_\_\_  
(Name) (Position)  
\_\_\_\_\_  
(Address) (Phone Number)

SUBJECT: \_\_\_\_\_  
(Nature of Request)

- 1. Grade Levels Involved: \_\_\_\_\_
- 2. Number of Pupils: \_\_\_\_\_
- 3. Names of Schools: \_\_\_\_\_  
\_\_\_\_\_
- 4. Amount of Pupil Time: Daily Basis \_\_\_\_\_ Cumulative Basis \_\_\_\_\_
- 5. Starting Date: \_\_\_\_\_
- 6. Completion Date: \_\_\_\_\_
- 7. Responsibilities of: (Please explain briefly)
  - a. Teacher
  - b. Principal
  - c. Investigator
  - d. Pupils
- 8. Brief Summary of Requested Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9. Attach one copy of the complete research proposal

FOR VIGO COUNTY SCHOOL COPORATION USE ONLY

DATE \_\_\_\_\_

Recommendation of Review Committee:

PROJECT

Committee Members	Approved	Denied	Additional Information Needed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____