

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

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**FOR VIGO COUNTY SCHOOL COPORATION USE ONLY** DATE \_\_\_\_\_

Recommendation of Review Committee:

	<u>PROJECT</u>		
Committee Members	Approved	Denied	Additional Information Needed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____