



Irvington Preparatory Academy
5751 E. University Ave., Indianapolis, Indiana 46219
317.357.3770 (v) / 317.357.3786 (f)

IPA Service Learning Program (2017-2018)

Permission and Verification Form

PARENT/GUARDIAN PERMISSION

(*Please complete PRIOR to project participation.)

Do NOT turn in this form until project complete and an organization representative has signed below.)

I give my dependent, _____ (student name), permission to participate in
service learning with _____ (name of organization) on _____ (date).

Parent/Guardian: By signing below, you acknowledge that your child is participating in the 2017-2018 IPS Service Learning Program. You acknowledge that ICS, Inc. is not responsible for the supervision, transportation, or safety of your child if they participate in a non-school sponsored project or initiative.

Parent/Guardian Signature: _____ Date: _____

ORGANIZATION VERIFICATION

(*Please complete AFTER project participation.)

I verify that _____ (student name) has completed _____ (hours of service) on
_____ (date) for _____ (name of organization).

I have granted permission for this student and Irvington Community Schools, Inc. to take and use photographs of this event or
project specifically for marketing and promotional purposes. No _____ Yes _____

Did the student receive compensation in any form? No _____ Yes _____

He/she has performed the following service (please list brief description of service below):

Organization Representative Signature & Title: _____

Date: _____

***STUDENTS:** Failure to get this form filled out completely will result in a denial of service learning hours. After this form has been turned in to Ms. Brinsley, IPA School Counselor, please submit the online electronic [IPA Service Learning Reflection Form](#).

IPA Office Use Only:

Received by: _____ Date received: _____ Date logged: _____