

Parental Consent Form

Student Name (Print)

Advisor (Print)

The staff at Sanderson High School would like to thank you for supporting your student as s/he meets this important graduation requirement.

As a parent/guardian or a student at Sanderson High School, I am aware that my son/daughter must successfully complete the state's Graduation Project requirements in order to graduate. I also understand that the completed project must be done with integrity and to the standards created by Sanderson's Graduation Project Committee.

My student and I fully accept responsibility for selecting the project and mentor, subject to the guidelines and standards of the Sanderson Graduation Project Committee. I assume responsibility for supervising my child for all the activities involved in the project.

Parent or Legal Guardian signature reflects knowledge and approval of the project described.

Mother's Name (Print)

Cell Phone Number:

Phone (work)

Extension

Email Address:

Father's Name (Print)

Cell Phone:

Phone (work)

Extension

Email Address

Legal Guardian Name (Print)

Cell Phone:

Phone (work)

Extension

Email Address

Parent/Legal Guardian Signature