

BHS Extended Learning
Mr. Wilson
Educational Leadership

By entering your initials in the required spaces, you are effectively providing your signature, indicating that all the information on this form is true and accurate. This placement and experience is a privilege which requires excellent attendance and adherence to the following details.

You are agreeing to replace your study hall with this Extended Learning Opportunity titled "Educational Leadership" which places you as a volunteer at HBS, Coffin, or BJHS. Please initial if you are in agreement. _____

Your Name: _____

Your Year Of Graduation = _____

Your Best email = _____

Yes or No - Circle if there are any medical issues that I should know about? If yes, explain.

Yes or No - Circle if you missed more than five days last semester?

References: Please give me two adults at BHS or BJHS (non-family members) that know you well enough to give you a recommendation.

Reference Name #1: _____

Reference Name #2: : _____

1st or 2nd semester – Circle what semester are you interested in being placed?

Black or Orange Day – Circle which day you are intending on scheduling for this.

Community service hours or elective credit? Circle one and understand that taking this for elective credit has added requirements that must be fulfilled.

1/2 3/4 5/6 7/8 Circle period that you can be placed and travel.

Yes or No - Circle if you have your own transportation? Meaning that you can drive to your placement each time.

Yes or No - Circle If you have your own transportation each day to and from this placement.

Circle Preferred Grade Level that you would like to assist:

K 1 2 3 4 5 6 7 8

