## CHS Senior Project Parent Awareness Form

Student Name:

|  |  |  |
| --- | --- | --- |
|  |  |  |

As a parent/guardian of a senior at Camas High School, I fully understand that my student needs to pass the physical project, the research paper, and the oral presentation with an excellent or proficient score in order to graduate. Pending approval by the Senior Project Advisory Board, the SP Coordinator, and his/her English teachers, my student has decided to do the following physical project:

|  |
| --- |
|  |
|  |
|  |
|  |

**A mentor is required for this project. The mentor must pass a state background check before the student can begin logging hours.**

The mentor/contact person for the project will be:

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Phone: |  |
| This person was chosen to be a mentor/contact person because: |

I fully understand that these topic and mentor choices are made independently of the staff and administration of the high school. I also understand that transportation for project requirements is the responsibility of the parents. I am aware that medical insurance coverage for my child is strongly recommended. The staff and district will not be held liable for my student’s choice of a mentor.

The estimated cost of the project is

I am familiar with the deadlines and the Senior Project Handbook. **I also understand that my student cannot miss any school hours** to complete his/her senior project. Furthermore, I acknowledge that if my student falsifies any part of the project or paper, s/he will jeopardize walking at graduation and possibly be required to attend summer school in order to re-do the senior project.

Parent/guardian signature

Student signature Date