

# COMMUNITY HELPER CONTRACT

(Please Print) Date: \_\_\_\_\_

## Instructions:

Name: \_\_\_\_\_

1. Fill in **ALL** information and obtain the necessary signatures.
2. Changes in existing contracts may be negotiated.
3. No contract will be considered valid without all the required signatures.
4. The completed contract must be returned to the Guidance Office.

Address: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Sponsoring Dept: \_\_\_\_\_

Grades for the following  
Quarters:

Credits: \_\_\_\_\_ Period: \_\_\_\_\_

1<sup>st</sup> QT \_\_\_\_\_ 2<sup>nd</sup> QT \_\_\_\_\_

Room: \_\_\_\_\_ Course # \_\_\_\_\_

3<sup>rd</sup> QT \_\_\_\_\_ 4<sup>th</sup> QT \_\_\_\_\_

Circle Quarters: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

All Community Helpers have a Pass/Fail Grade. Teacher's should let Mrs. Campetti know if students have passed or Initials and failed their course for the semester

Entered in Computer \_\_\_\_\_  
date

Planned Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Guidance Counselor's Signature