

# BEAR RIVER MIDDLE SCHOOL

Eldon Petersen, *Principal*

Jamie Kent, *Vice Principal*

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

Date: \_\_\_\_\_

## Citizenship Remediation Service Contract

Procedure: Students wishing to remediate unsatisfactory citizenship by performing community service need to do the following:

1. Fill out this paper for the "U"s you want to work off, and **have your service pre-approved before you begin.**
2. Complete your service project and return this form to an administrator with the signature of your project supervisor and yourself verifying your service hours.

Guidelines for Service:

1. Service must be performed **after** the "U" was received
2. Service must be performed before or after school hours

U remediated within 1 trimester...4 hours or \$30  
U remediated after 1 trimester....5 hours or \$40

Classes in which a "U" was received

Trimester/Year e.g. 1<sup>st</sup>/2010

1- \_\_\_\_\_

\_\_\_\_\_

2- \_\_\_\_\_

\_\_\_\_\_

3- \_\_\_\_\_

\_\_\_\_\_

4- \_\_\_\_\_

\_\_\_\_\_

5- \_\_\_\_\_

\_\_\_\_\_

6- \_\_\_\_\_

\_\_\_\_\_

Hours needed: \_\_\_\_\_

I choose to pay for citizenship remediation instead of doing service projects.

Paid for in following  
Trimester \$30

Paid for after following  
Trimester \$40

Total Paid \_\_\_\_\_

Mrs. Hess: \_\_\_\_\_

**Service Project Pre-approval:** \_\_\_\_\_

(Administration Signature Required)

**Please explain the service project:**

Name of Project Supervisor \_\_\_\_\_

Phone number of contact Project Supervisor \_\_\_\_\_

Date Service Project Begins \_\_\_\_\_ Date Service Project Ends \_\_\_\_\_

Total number of Service hours completed: \_\_\_\_\_

By signing my name below I certify that the above mentioned service was rendered in a satisfactory manner and for the time stated:

Signature of Project Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_