

## Sandy Spring Friends School Senior Project Parent Approval Form

**Student:** \_\_\_\_\_

I hereby give my approval for my student named above to participate in the Senior Project.

I understand that we are responsible for all costs associated with this senior project. Those costs may include transportation, meals, research and work materials, and other costs associated with the project.

I understand that this project is voluntary and that students may not be paid for work done in the course of their senior project.

---

Signature of Parent or Legal Guardian

Date

---

Signature of Parent or Legal Guardian

Date

---

Please return this form along with the Medical Consent Form to the Sr. Project Box in the US office or forward this approval form by Wednesday, March 10, 2010:

Senior Project Committee  
Sandy Spring Friends School  
16923 Norwood Road  
Sandy Spring, MD 20860  
301-774-7455 ext. 109 phone  
240-570-1810 fax  
[Sr.Project@ssfs.org](mailto:Sr.Project@ssfs.org)