

Parental / Guardian Consent

I have reviewed the Commencement Project Document.
If I have any questions or concerns, I will voice them
immediately with the Senior Project Coordinator.

_____ (Student Name) has my
permission to participate in this project through Renaissance Academy

from _____ (today's date) to _____ (completion date).

I understand that _____ (Student's Name)

will be working at/on _____ (Agency or Project)

under the supervision of _____ (Agency Contact).
Neither the agency nor the school's Senior Project Coordinator will be
held responsible in the event of an accident or injury. Should it be neces-
sary to contact our family immediately, I can be reached at the following
phone numbers.

_____ (Parent or Guardian)

_____ (Phone Number)

_____ (Work Number)

*I understand that completion of this Commencement Project is a state
requirement for graduation. I agree to support my high school student
through the requirements of this project.*

In addition, I grant Renaissance Academy permission to use the Com-
mencement Project of my child over the video distribution systems
(closed), on the RAK12 web pages, or for presentation purposes. I give
Renaissance Academy permission to use the finished project (including
negatives, prints, reproductions, and copies of the originals) for educa-
tional or instructional purposes only.

Signature: _____

Printed Name: _____ Date: _____



Claire Powers
Phone: 610-983-4060 ext. 2214
claire.powers@rak12.org

Renaissance Academy
Commencement Project
40 Pine Crest Street
Phoenixville, PA 19460