

**NATIONAL HONOR SOCIETY
OUR LADY OF LOURDES HIGH SCHOOL
PARENT/STUDENT CONTRACT**

Member/Candidate Name: *(Please print)* _____

Grade: _____

Date: _____

We have read the requirements for the Our Lady of Lourdes Chapter of the National Honor Society and understand that all service and leadership forms **MUST** be submitted **IN PERSON** to Mrs. Cuccia on or before April 19, 2019 at 3:00 in Room 117. Forms submitted after this time will not be accepted.

As stated in the requirements:

The service forms must be submitted to the moderator of the NHS and a sheet must be signed when the service forms are submitted.

No service verification sheets will be accepted if they are submitted to anyone but the NHS advisor in person.

Failure to meet the deadline will result in a review by the Faculty Council, which may result in dismissal. Any member dismissed from the NHS will not graduate with NHS distinction.

Member/Candidate signature: _____
(please sign legibly)

Parent/Guardian signature: _____
(please sign legibly)

****THIS FORM IS DUE TO MRS. CUCCIA BY SEPTEMBER 28th, 2018****

OUR LADY OF LOURDES HIGH SCHOOL
NATIONAL HONOR SOCIETY

ACCREDITED BY THE MIDDLE STATES ASSOCIATION OF COLLEGES AND SCHOOLS

LEADERSHIP HOURS
(Minimum of 5 hours)

NAME: _____

YEAR: *(Circle one)* Sophomore Junior Senior

Description of leadership project by adult supervisor: *Please be specific.*

Number of hours completed: *(Please write out the hours in words)* _____

Additional remarks: _____

Signature of project supervisor: _____
(please sign legibly)

Position: _____

Telephone: _____

Student Declaration: I do solemnly declare that the above service hours were completed by me in voluntary service to others outside my family.

Student signature: _____
(please sign legibly)

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SERVICE PROJECT

To: Shelley Cuccia
National Honor Society Advisor

From: Project Supervisor

The following student, _____, a member of the Honor Society of Our Lady of Lourdes High School, has successfully completed the service project described below:

Description of service project by adult supervisor: *Please be specific.*

Date(s) of service: *(Please be specific)* _____

Number of hours completed: *(Please write out the hours in words)* _____

Additional remarks: _____

Signature of project supervisor: _____
(please sign legibly)

Position: _____

Telephone: _____

Student Declaration: I do solemnly declare that the above service hours were completed by me in voluntary service to others outside my family.

Student signature: _____
(please sign legibly)