

Dear Parents,

This year, students from Ursuline Academy will be preparing and serving dinner on the fourth Wednesday of the month at the Ronald McDonald House. This ongoing service project takes place from 4-7:30 p.m. These are the times we will leave Ursuline and return to Ursuline. Students arrange transportation on their own, but they often carpool with older students driving underclassmen from and to Ursuline. If you don't want your daughter driving/riding with other students, you must arrange transportation for her to participate. If your daughter will meet us at Ronald McDonald, she should arrive by 4:30 and will be finished at 7 p.m.

This is a student led project. Ms. Barnes, parents, or faculty members will be accompanying the students at the Ronald McDonald House.

In order for your daughter to participate in this project, please complete the permission form below, and return it to Ms. Barnes in the community service office two days before the date on which your daughter will participate. Should you have any questions or concerns or if you would like to help with this project, please don't hesitate to call me at 791-5791, ext. 2225. I can also be reached via e-mail at rbarnes@ursulineacademy.org In case of emergency, I can be reached at 319-3285. If you would like to help drive students to this project, please let me know. Your help would be greatly appreciated.

Peace,

Ruthie Barnes

Community Service Coordinator

(Keep top portion of this note for your records)

I request that my daughter, _____, be permitted to participate in preparing and serving dinner at the Ronald McDonald House on the following dates (circle all dates on which she may participate):

September 26	October 24	November 28	January 23
February 27	March 26	April 23	May 21

I understand that students are to provide their own transportation as this is an after school activity. I understand that students will meet at UA at 4 p.m. to carpool to Ronald McDonald House and will return to UA around 7:30 p.m.. The Faculty Sponsor for this activity is Ruthie Barnes. There will always be at least one UA teacher or parent present for the duration of this project each month.

I understand that my signature on this form signifies my assent to these arrangements. I give my permission for emergency medical treatment to be administered to my daughter should it be required. Finally, I release Ursuline Academy and the adult project leaders from liability in the event of accident or injury to my child.

Parent's Signature: _____ Date: _____

Parent's Name: _____

Number where parent can be reached in case of emergency: _____