

Today's Date: ___/___/___

Spring ISD Dedicated Service Graduate Program Student Application



Hands and
Hearts
Helping
Others
H₃O

Name: _____ Home Phone: _____

Campus: _____ Home Campus (Wunsche Students Only) : _____

Student ID# _____ Graduating Class of: _____

I, the above student, would like to be a member of the Spring ISD Dedicated Service Graduate Program. I agree to abide by the regulations/policies the district has outlined on the DSG website at www.springisd.org. I also agree to serve to the best of my ability. I agree to call the contact person in advance if I am detained for any reason. I understand that failure to do so may result in termination of my participation in the Dedicated Service Graduate Program.

Student Signature

Date

I, the parent/legal guardian of the above student, hereby give permission for

Student Last Name

First Name

MI

to participate in the Spring ISD Dedicated Service Graduate Program. I agree to lend support and encouragement to my child in the services he/she performs.

I further understand that all Dedicated Service Graduate Candidates are required to make a copy of their entire Service Verification Packet before submitting it by **April 1st** each year since the packet will not be returned once it has been turned in to the Campus DSG contact person. In the event that a discrepancy exists between the number of hours the DSG student says that they have performed and the records kept by Spring ISD, the student's copy of their Service Verification Packet must be provided. No adjustments to the official records will be made unless the student can provide a duplicate copy of their entire Service Verification Packet.

STUDENT PUBLICITY

With DSG membership, the student and parent agrees to the student's name and photograph to be published or released to the media in celebration of the service activity being recognized.

EMERGENCY MEDICAL RELEASE INFORMATION

In the event of a medical emergency at the service event, the event coordinator will first try to contact the child's parents. If the parent cannot be reached, and the child needs immediate medical treatment, this form would be given to the hospital or clinic. The purpose of the Emergency Medical Treatment Form is to obtain medical treatment for your child in the event you cannot be contacted.

I hereby authorize the staff member(s) in Spring ISD the consent to emergency medical treatment.

Parent/Guardian signature

Date

Please return this form to the DSG contact person on your high school campus.

All Service Verification Packets are due to the appropriate Campus DSG contact by April 1st each year.