

CULMINATING PROJECT—STATEMENT OF INTENT  
PARENT/GUARDIAN CONSENT

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Your project must align with your *Career Pathway* and provide you with an opportunity to **extend your learning** using your academic skills and content knowledge to gain new, deeper levels of understanding.

Career Pathway(s): \_\_\_\_\_ Proposed Project Title: \_\_\_\_\_

Explanation of project: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian

As a parent/guardian of a student at \_\_\_\_\_ High School, I am aware that my son/daughter must complete all components of the Culminating Project which is required for graduation. I understand that if this project is a product, it must be physically present at school as a part of the Culminating Project Presentation. If the project includes a service or an activity, it must be documented and the documentation must be submitted as a component of the Culminating Project.

I understand that project selection decisions are made independently of the staff and administration of the high school, but are subject to school approval. The project selection and approval is based upon the criteria set forth for this activity under the guidelines of the Kennewick School District and shall meet safety guidelines. I understand that the District prohibits students from undertaking any activity that may place the student in any undue risk of injury. I assume all responsibility for any risks which might be inherent in the project chosen.

I assume all responsibility for any costs which may be inherent in the chosen project. If my student decides to raise money through a charitable event or any other event or activity, I understand all expenses must be incurred by the student, parents, or supporting charity. The student, parent and charity cannot indicate the money is being raised by the school district or on behalf of the school district. **Parent Initials** \_\_\_\_\_

I understand that my student will be required to identify the process in which he/she will complete the culminating project. I am aware that if my son/daughter chooses the Alternative Learning Experience, he/she is required to identify a mentor which cannot be a family member or relative. My signature below indicates that I am aware of my son/daughter's decisions, as stated above, and approve of them.

Both my child and I understand that plagiarizing or falsifying any information for this project shall lead to failure of the project and may delay graduation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*If project involves money, teacher must contact parent regarding additional assumptions.*

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_