Senior Capstone Experience 2027 *Experience Proposal*

Please print or type responses neatly. The experience proposal form is also available on our website on the Capstone Experience page. Submit one copy to your Innovation adviser by **Monday, February 22nd.**

NAME OF SENIOR: _____

SENIOR INNOVATION TEACHER:_____

***DATE(S) WHEN COMPLETING HOURS** _____

_____

COMMUNITY SPONSOR INFORMATION: FILL EVERYTHING OUT

Company Name: _____ PHONE: _____

Address : _____

street address city state zip

Name of Sponsor: _____ Title: _____

Business email: _____

Description of the experience _____

_____

_____

1. List at least three specific goals for this experience.

Goals:_____

_____

_____

2. List at least three activities you may be doing. Additional activities may be listed on the back

Activities: _____

_____

_____

_____

_____

3. Do either of your parents or other close relatives own or manage this business? *(please check one)* Yes _____ NO _____

Explain _____

4. List your out-of-school obligations, including employment and volunteer work (with days & times). _____

_____

_____

_____

_____

5. List your in-school obligations, including A.P. Testing, and on-going extra-curricular activities. _____

_____

_____

_____

_____

6. **Signatures**

I agree to abide by the rules established by the Capstone Experience Coordinator and to fulfill the requirements within the allotted time. I understand that I am responsible for all transportation and any costs connected with the experience. I have read and understand all of the eligibility guidelines. ***I understand that if I fail to complete the Senior Capstone Experience requirements or are removed from the Capstone Experience for any reason, I may forfeit the opportunity to graduate from St. Vincent-St. Mary High School.***

_____ _____

Student Signature Date Signed

Our daughter/son has our permission to participate in the Senior Capstone Experience under the conditions established.

_____ _____

Signature of Parent/Guardian & Date Signed

I have seen a copy of the Capstone Sponsor Guidelines for St. Vincent-St. Mary High School and the student, _____, has given me a copy of the role of the Community Sponsor. He/She has discussed with me the objectives of the experience. We have discussed both his/her and our mutual expectations. I have read his/her proposal and approve of it and will fulfill my obligations. I agree not to pay this student in any way now, nor in the future, for any services rendered during this project. I understand that the school is not liable for any injuries that he/she may sustain as a result of this experience.

_____ _____

Community Sponsor Signature Date Signed

Parental Acknowledgement and Release Form

We, parents/guardians of a member of the class of 2027, do hereby grant our son/daughter permission to participate in the Capstone Experience of St. Vincent St. Mary High School for 2027.

We understand that participation in this program will require our student to shadow a member of an outside entity not affiliated with St. Vincent-St. Mary High School and that during this experience our student will not be directly supervised by school authorities. We also understand that all reasonable care and supervision will be exercised to provide for the general well-being of our student.

We, and our son/daughter, in consideration of permission to participate in this Capstone Experience, do hereby specifically release, discharge, indemnify and hold harmless St. Vincent-St. Mary High School, and its officers, directors, volunteers, and any other persons or parties connected with the senior experience in any way whatsoever, jointly and severally, from and against any and all claims, blame or liability (including negligence) for any injury, illness, misadventure, harm, loss, inconvenience or damage to person or property sustained as a result of taking part in the Capstone Experience, including travel to and from the activity.

We, and our son/daughter, also specifically agree to release, discharge, indemnify and hold harmless St. Vincent-St. Mary High School, its officers, directors, employees and volunteers, from any claims asserted by the outside entity our student shadows for, or by anyone affiliated with that entity, for injury, harm, loss or damage to person or property as a result of any action of our student. By signing this Release Form, I understand that I assume (and we understand that our son/daughter assumes) any and all risks associated with, or which may occur in connection with participating in, the Capstone Experience and shadowing an outside entity not affiliated with St. Vincent-St. Mary High School.

_____ _____

Signature of Student Date Print Name of Student

_____ _____

Signature of Parent/ Guardian Date Print name of Parent/Guardian