Republic School District Culminating Project

Please print in blue or black ink.

Additional forms are available at www.republic.wednet.edu/culminating_project_forms

Criteria for Component #2: *Verification Form for Activity Options*

Legal Name:_____

Student #_____ **Class of** _____

Activity #_____ Activity Title:_____ Date Completed: _____/_____/_____

Verification: (Circle one) O / P / S / C

"O" for Original or copy (attach document, no signature required) "S" for School Personnel Signature

"P" for Parent/Guardian Signature "C" for Community Supervisor Signature/Title

Signature:_____Title:_____

Paragraph (five sentence minimum), if required. (Typed response encouraged.)

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Received by _____ ***Date***_____

Additional Notes:

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