**MYP Community Project Parent Agreement**

**Union Academy Middle Magnet School**

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| **Project Title:** | **Union Academy Middle Magnet School** |
| **Name:** | **Supervisor:** |
| **Need:** Describe the need you intend to address. What is lacking/needing improvement?**Targeted Community:** |
| **Action:** What is the goal of your community project? What type of action would you perform? How will you achieve your goal?  |

List the tasks for which you will need parent/guardian assistance and support:

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| --- | --- | --- |
| Parent/Guardian Tasks | What resources are needed? | When do they need to be completed? |
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Please be aware that the Action portion of the Grade 8 Community Project is an essential part of the final assessment. Not completing the Action will adversely affect the student’s grade and community hours.

**I agree to the parent/guardian responsibilities set forth in this agreement.**

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Student Name (printed) Parent Name (printed)

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Student Signature Parent Signature

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Date Date