

May Project Eligibility Form

Return this form to the May Project Coordinator when you have gathered all the permissions necessary from your teachers, counselor, and the library. It gives you clearance to go on May Project. **This form should be returned no later than April 27th.**

Your Name _____

Course Title	Teacher's Name	Required for graduation?	Attend during May Project?	Permission to go on May Project?	Teacher's Signature (Please indicate any conditions that must be met if needed.)
		Y N	Y N	Y N	
		Y N	Y N	Y N	
		Y N	Y N	Y N	
		Y N	Y N	Y N	
		Y N	Y N	Y N	
		Y N	Y N	Y N	
		Y N	Y N	Y N	

Library Clearance: This student has no fines outstanding or books to be returned.

Signed _____ Date _____
(Librarian)

Counselor Clearance: This student has indicated his/her college choice and will have the necessary credits to graduate.

Signed _____ Date _____
(Counselor)