



APPLICATION FOR ADMISSION
Revere Chapter of the National Honor Society

Application is due by **January 14, 2022 at 3:00 pm.**

Late forms will be disqualified.

RETURN FORMS TO NHS Advisor Mr. Fisher in Room B106

Please complete (*print legibly*) all sections. **COMPLETION OF THIS FORM DOES NOT GUARANTEE SELECTION.**

I. CO-CURRICULAR ACTIVITIES: List ALL activities which are COMPLETED (example, a fall sport has been completed, but Student Council is still ongoing so would only count for previous years). Include clubs, teams, etc. from the list. You must have the signature of the advisor/coach.

ACTIVITY	9	10	11	12	Total	ADVISOR (Print Name & Signature)

II. COMMUNITY VOLUNTEER AND/OR SERVICE: 10 HOURS MINIMUM / 100 MAXIMUM. List community activities (individual or group) in which you participated. These activities should have been done on behalf of others (not including your immediate family members) or for the benefit of your community. **You should have received no compensation (monetary or other).** You **MUST** give the name and phone number or address of an adult supervisor



who can verify your participation. **Write the number of hours in each grade level. If you cannot get the signature of a supervisor, an attached email that clearly verifies your hours is acceptable.**

SUPERVISOR (Print Name & Signature & phone number or email)

Volunteer Group:	9	10	11	12	Total	phone number or email

NHS Student Applicant Agreement

If I am selected for membership into National Honor Society, then I agree to (check each):

- Regularly attend NHS meetings and events.
- Perform volunteer service hours and participate in other mandatory NHS Activities.
- I understand that ANY conduct involving dishonesty, cheating, disrespect, bullying, harassment, violence, insubordination, cutting class, nonconsensual sexual contact, weapons, alcohol, drugs, tobacco is disqualifying.
- I understand that this form does not guarantee selection to the NHS and that the information is accurate.

Student Print Name

Student Signature

Date

PARENT: I have read the information provided by my child and verified that it is true, accurate and complete in its presentation. I understand that specific reasons for non-selection are not disclosed.

Parent Print Name

Parent Signature

Date