

Our Lady of Lourdes High School National Honor Society Student Information Form

DIRECTIONS: Please complete all sections. Do not be modest. Every bit of information will be used by the faculty council to assist with the fair consideration of your candidacy during the selection process. Completion and submission of this form does not guarantee selection. Should you have any questions, please contact Mr. Fitzsimmons in Room 213 or at fitzsimmonsig@ollchs.org. **This form needs to be submitted by Tuesday, April 16, 2024 to Mr. Fitzsimmons.**

1.	Administrative information			
Studen	t Name	Current Grade Level		

II. Other Student Activities: List all other school- based activities (submitted as service or leadership forms) in which you have participated in school. Include clubs, teams, musical groups, etc. and any significant accomplishments in each. You may include activities you performed in grades 9 and 10.

Activity	Grade Level	Approximate # of Hours	Supervising Adult Name

III.	Other Community Activities: List other community activities in which you have participated and note
	any major accomplishment in each. These should be any activities outside of school in which you
	participated for the betterment of your community (such as religious groups, clubs sponsored outside
	the school, Boy or Girl Scouts, community art endeavors, etc.).

Community Activity	Approximate # of Hours	Accomplishments	Supervising Adult Name

IV. Work, Recognition, and Awards: Though not a specific criterion for membership, please list any job experiences, honors, or recognition that you have received that support your candidacy for membership into the Honor Society. Work experience may be paid or volunteer.

Activity	Grade Level	Approximate # of Hours	Supervising Adult Name

V. Signatures

I understand that completing and submitting this form of Society. I attest that the information presented her is completely the standards and guidelines of the chapter and to further of my ability.	mplete and accurate. If selected, I agree to abide
Student Signature	Date
I / we have reviewed the full candidate information pack we have read the information submitted by my child on and complete.	
Parent / Guardian Signature	Date
Preferred Method of parent contact (check one and fill in the	ne blank):
Parent phone number/s:	
Parent email:	
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We request this contact information so that we can notify you regarding important details.