

**National Junior Honor Society**  
**Don Estridge High Tech Middle School**  
**Potential Candidate**

Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My child has permission to participate in before and/or after-school activities for National Junior Honor Society. Please initial: \_\_\_\_\_

Transportation after NJHS meetings is by (please circle one): car    afterschool bus

I have read the requirements for induction into National Junior Honor Society and will help my child meet these goals.

\_\_\_\_\_  
Parent Signature

Academic schedule:

| <b>Period</b> | <b>Teacher</b> | <b>Class</b> |
|---------------|----------------|--------------|
| 1             |                |              |
| 2             |                |              |
| 3             |                |              |
| 4             |                |              |
| 5             |                |              |
| 6             |                |              |