

AP Capstone: Research
Henry M. Jackson HS
Ms. Tanner & Dr. Kukla
Student/Parent Signatures
2016 – 2017

Student's Name: _____

Parent/Guardian's Name: _____

Phone Number: _____

Parent Email Address (Print clearly & put slashes through all zeroes): _____

Student Email Address (Print clearly & put slashes through all zeroes): _____

By signing this form, I indicate my complete and full understanding of AP Capstone: Research Syllabus.

Print Student Name: _____

Student Signature: _____

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____