

NHS Candidate Form Signature Page

I understand that completing and submitting the Candidate form does not guarantee selection to the Honor Society. I attest that the information presented on the form is complete and accurate. If selected, I agree to abide by the standards and guidelines of the chapter and to fulfill all of my membership obligations to the best of my ability.

Student Signature

Date

I have read the information provided by my son/daughter on the Candidate form and can verify that it is true, accurate, and complete.

Parent Signature

Date

Parent phone number(s)

We request this so that we can notify you regarding important details.