



STUDENT COMMUNITY SERVICE FORM

OUR *Mission*

To cultivate college-ready graduates in a safe, nurturing, and faith-based environment.

Community Service Activity Information (please print)

6-8 Grade (8 Service Hours Per Year)

9-12 Grade (10 Service Hours Per Year)

Service Year is considered May 1 - April 30 of the following year.

Date of Project: _____

Description of Project:

Supervisor's Signature: _____

Printed Name: _____

I verify the above student has completed the community service project as stated above and acquired _____ hours of service.

Parent's Signature: _____

Printed Name: _____

I verify the above information is correct.

Student's Signature: _____

Printed Name: _____

Total Number of Hours Completed for This Project: _____

Date of Project: _____

Description of Project:

Supervisor's Signature: _____

Printed Name: _____

I verify the above student has completed the community service project as stated above and acquired _____ hours of service.

Parent's Signature: _____

Printed Name: _____

I verify the above information is correct.

Student's Signature: _____

Printed Name: _____

Total Number of Hours Completed for This Project: _____

Total Number of Hours Reported on this sheet: _____

For Office Use Only:

Date Office Received: _____

Date Office Recorded: _____

Initials: _____