



**ANNAPOLIS AREA CHRISTIAN SCHOOL**  
Upper School – 109 Burns Crossing Rd., Severn, MD 21144  
410-519-5300 / www.aacsonline.org

**Community Service Requirements**

**School Year:** \_\_\_\_\_

(Required to complete a minimum of 8 hrs / school year)

Please return this form to your Bible Teacher for signature and retention.

**STUDENT NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**BIBLE TEACHER:** \_\_\_\_\_

<u>SERVICE ACTIVITY</u> (Include a Brief Description)	<u>DATE</u>	<u># HOURS</u>	<u>SIGNATURE</u> (of organizational representative or neighbor)

**TOTAL =** \_\_\_\_ (minimum of 8 hrs)

**I have successfully completed my community service hours by volunteering for the above organization(s) or individuals.**

**Student Signature** \_\_\_\_\_

**My son/daughter has successfully completed his/her community service hours by volunteering for the above organizations or individuals.**

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

**BIBLE TEACHER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_