

**LAGUNA BEACH UNIFIED SCHOOL DISTRICT
Community Service Record Card**



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LAST NAME FIRST NAME GRADUATION YEAR

GRADE LEVEL BIRTH DATE HOME PHONE

NON PROFIT ORGANIZATION (ORGANIZATION MUST BE NON PROFIT) CITY / STATE

(_____) _____
HOURS *please write out hours i.e. (25).....twenty five hours*

SERVICE DATE(S) DESCRIPTION OF SERVICE

RESPONSIBLE PERSON (PRINT) SIGNATURE PHONE (required)

DATE COMMENTS (STUDENTS MAY NOT SIGN FOR OTHER STUDENTS)

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