MIDLOTHIAN HIGH SCHOOL - COMMUNITY SERVICE FORM 923 S. 9th Street, Midlothian TX 76065 ph 972-775-8237 fx 972-775-3178

To Be Completed by: STUDENT FAMILY

Student	first	ID#	_ Class of	Date:
Last	first	required		
Home Address			City	ZIP
Home Phone		Parent e-mail		
(non family member	done for pay or any kiners). We, the person signing we verify	gning below, have r	eviewed the infor	
Student Signature_		Parent Si	gnature	
To Be Completed b	y: SERVICE PROVII	DER		
Organizations Nam	e			
Contact Name(s) /	Title			
Address		City _	Sta	ateZIP
Phone Number		e-mail address_		
Brief description of	f purpose of your organ	nization:		
Service Student Pro	ovided:			
Date Servic	e Began	Date Service Ende	ed	
I affirm and verify service to our organ		students did complet	te (in script please	e) hours of
Signature		Printed Name		
	ocial StudiesTeacher _			Date
	Coordinator entered into			ed