

NAME \_\_\_\_\_

GRADE \_\_\_\_\_

***Community Service Documentation***

Date	Activity	Organization	Contact Name	Contact Phone #	Verifying Initials	# of Hours

**Students are responsible** for turning this form into Mrs. Borsellino in the Main Office when all 30 community service hours are completed. The assistant principal will then verify that attendance, discipline, and grade point average fall within the guidelines listed above for each grading period.

**Principal Verification Approval**

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