

FAIRFIELD HIGH SCHOOL
COMMUNITY SERVICE
DOCUMENTATION

_____ Class of _____
Student Name

Briefly describe the activities the student was responsible for:

I give my son/daughter permission to complete Community Service hours as described above:

Parent Signature

The placement was approved by: _____ Date: _____

Date(s)	Number of Hours	Supervisor's Signature

***20 hours are required for graduation.**

Once the hours are completed, turn this form into the Guidance Counselor, Ms. Rhonemus.