

NEW LONDON HIGH SCHOOL
20 Chester St.
New London, CT 06320
860-437-6425

Community Service Form

Student Name: _____ **Grade:** _____

Date(s) of Activity: _____

Activity Description: _____

Total Hours: _____

Organization Name: _____

Organization Phone Number: _____

Supervisor Name and Title: _____

Supervisor Signature: _____ **Date:** _____

Please return to your School Counselor

For Office Use Only:

School Counselor Signature: _____

Date Input to PowerSchool: _____

