

VALIDATION FOR COMMUNITY SERVICE

I certify that _____ completed community service:
student's name

date worked: _____ number of hours worked: _____

project completed: _____

name of organization: _____ phone number: _____

signature of organization representative: _____

comments: _____

date worked: _____ number of hours worked: _____

project completed: _____

name of organization: _____ phone number: _____

signature of organization representative: _____

comments: _____

date worked: _____ number of hours worked: _____

project completed: _____

name of organization: _____ phone number: _____

signature of organization representative: _____

comments: _____

THE STUDENT MUST HAVE COMPLETED A TOTAL OF _____ HOURS OF COMMUNITY SERVICE BY _____. IF COMMUNITY SERVICE IS NOT COMPLETED, ASC WILL BE ASSIGNED.

****** RETURN FORM TO YOUR ASSISTANT PRINCIPAL BY THE ABOVE DATE. ******