

Community Service Completion Form

Return to _____ by _____

_____ has completed a total of _____ hours of community service which consisted of the following:

Student's Name (Print)

_____	_____	_____	_____
Description of Activity	Location of Service	Date	Time

I agree that the above stated service/projects/activities have been completed by the above stated student:

_____	_____	_____	_____
Printed Name of Administrator	Signature of Administrator	Phone Number	Date

_____ has completed a total of _____ hours of community service which consisted of the following:

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Description of Activity	Location of Service	Date	Time

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