Community Service Form

Student Name:			Grade:	
Date Service	e Begins:			
	nys Assigned:			
		service assigned		
	_ Total days of s	ervice assigned		
Community	Service Job Des	scription:		
Community	Service Superv	isor:		
Date	Location of Service	Time or Days (e.g., 3 hours or a full day)	Staff Initials	Additional Comments
		ce, student will submit a n administrator, supervisor		
Administrat	tor Signature:			
Community	Service Superv	isor Signature:		
Parent Signa	ature:			
Student Sign	nature:			

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