



Lincoln-Way Community High School District 210 Community Service Form

Student Name: _____ ID #: _____

Name of the Organization where service is to be done:

Name of supervisor: _____

Supervisor's Phone Number to confirm activity: (____) _____

Date(s) of service: _____

Briefly describe service to be completed:

Choose one:

- Project was already pre-approved by posting in the school.
- Project needs to be pre-approved. Pre-approved by: _____ Date: _____
Signature of Assistant Principal of Curriculum

VERIFICATION OF COMPLETED SERVICE

The above student has completed _____ hours of community service at the above site on _____.
Date(s)

Site/Organization Supervisor's Signature: _____ Date: _____

I, the above student, verify that the information on this form is correct and I have completed the hours documented above. I verify that all the community service requirements have been met for this activity. I understand that if any information is found to be incorrect, the hours may not be counted towards the graduation requirement.

Student signature: _____ Date: _____

I, the parent or legal guardian of the above student, verify that the information on this form is correct. I understand that if any information is found to be incorrect, the hours may not be counted towards the graduation requirement.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian daytime phone number: _____

Student needs to complete reflection on the back of this form

