



2010-2011
COMMUNITY SERVICE
 GRADUATION CREDIT VERIFICATION FORM

Student's Name: _____

Date: _____

Circle year in school: 9th 10th 11th 12th

DESCRIBE:

1. Name of organization/service provider:

2. City or town where organization is located and phone number of this organization/service provider:

3. Type of work done:

4. How many hours? _____

5. What date(s) did you work? _____

6. Were you paid in any way? yes no

7. Explain how this work was rewarding for you?

8. Would you recommend this type of service to others? yes no

Why? _____

VERIFICATION: *Two signatures must be provided for credit*

1. Person(s) who organized, supervised or benefited from your work and can verify your work.

_____ Date: _____

Phone number (must be provided) of where that person may be reached: () -

2. Parent or Guardian

_____ Date: _____

Phone number (must be provided): () -

ALL COMMUNITY SERVICE FORMS ARE DUE TO THE SCHOOL OFFICE BY MAY 10, 2011.

PLEASE SEE THE LAGRANGE ACADEMY PARENT/STUDENT HANDBOOK FOR THE APPROVED COMMUNITY SERVICE SITES. 9th and 10th GRADE STUDENTS WILL BE ALLOWED TO OBTAIN SERVICE HOURS THROUGH VARIOUS OPPORTUNITIES PROVIDED ON CAMPUS. IF YOU HAVE QUESTIONS PLEASE SEE THE SCHOOL COUNSELOR PRIOR TO COMPLETING YOUR WORK.

FOR OFFICE USE ONLY:

Total hours earned toward requirement: _____

Date received: _____

9th grade, 8 hours _____

10th grade, 10 hrs _____

Verified by _____ Date _____

11th grade, 15 hrs _____

12th grade, 30 hrs _____