

SOUTH MEADOW SCHOOL

Student's Name: _____ Advisor: _____ Grade: _____

COMMUNITY SERVICE LEARNING OPPORTUNITY

Option A _____ Single Time Service Project.

Description of Service Project: _____

Date(s): _____

Total number of hours completed on project: _____

The above named student successfully completed community service hours for our service project.

Service Project Contact Person: _____ Phone _____

Option B _____ Longer Term Community Connection

Description of Community Connection opportunity - Include type of work and frequency, anticipated benefit

The above named student has been accepted to perform community service hours for our group/organization:

Service Contact Person: _____ Phone _____

Record all dates and hours completed for Option B (attach extra pages if needed).

Total Hours: _____

Parent and student sign below indicating successful completion of community service hours.

Student: _____

Parent: _____ Phone _____