Parent

Student

Date

Date

Date

**Community Service Form**

Student’s Name:

ID:

Academy:

Grade:

Project (Title):

Describe your community service project. Explain why you chose this project

Who or what will benefit from your project? What do you hope to accomplish as a result of your work?

School Official

CORAL GABLES SENIOR HIGH SCHOOL

**COMMUNITY SERVICE ACTIVITY LOG**

All students must use the Activity Log form to record their community service activities. Use additional sheets, as

needed.

Student Signature

Parent/Guardian Signature

 Total Project Hours

Authorized School Official

**NOTE: KEEP COPY OF ALL FORMS**

 **Date**

 **Community Service Activities**

**Project Supervisor’s Signature**

**Hours Completed**