DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
Office of the Chief Academic Officer

COMMUNITY SERVICE: PROJECT AND HOURS FORM

Student Information: (Please Type or Print)
Name: _____ Student ID: _____

School: _____

Organization information:
Name of Agency, Club and/or Organization: _____

Address: _____

Supervisor name: _____

Telephone number: _____

Organization's Tax ID #: _____

Brief Description of Activity	Date	Time In	Time Out	# of hours (rounded to nearest 0.5 hours)	Site Supervisor's signature

TOTAL # OF HOURS: _____

COMMUNITY SERVICE: GRADUATION VERIFICATION FORM

This form is to verify that every student who is graduating from _____ has
(High School)
completed the legally required 100 hours of community service.

Documentation demonstrating that this requirement has been met is available for review at my school.

Signed

_____ _____

Principal Name (Print) Principal (Signature)

_____

Date

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