

HIGHLAND SCHOOL COMMUNITY SERVICE FORM

Please return to Mrs. Catalfamo

Student Name: _____ Class of: _____

Please review the community service guidelines on the back of this form.

Service that benefits Community Agencies

DATE	# OF HOURS	ORGANIZATION	SUPERVISOR	SUPERVISOR'S SIGNATURE (May not be a parent)	DESCRIPTION OF SERVICE

Service that benefits Highland (Max. 10/year)

DATE	# OF HOURS	ORGANIZATION	SUPERVISOR	SUPERVISOR'S SIGNATURE (MAY NOT BE A PARENT)	DESCRIPTION OF SERVICE (WHAT YOU DID)