



STUDENT INFORMATION

Name _____
 Grade Level _____
 Class of _____

OFFICE USE ONLY

Date Rec'd _____
 Date Entered _____
 Initials _____

COMMUNITY SERVICE REPORT

I, _____, have completed the following community service with the providers listed below. By signing this document I verify that I have served these hours and am in compliance with FPD's Honor Code.

DATES _____	AGENCY _____	DESCRIPTION OF WORK _____
#HOURS _____	AGENCY SIGNATURE _____	_____
DATES _____	AGENCY _____	DESCRIPTION OF WORK _____
#HOURS _____	AGENCY SIGNATURE _____	_____
DATES _____	AGENCY _____	DESCRIPTION OF WORK _____
#HOURS _____	AGENCY SIGNATURE _____	_____
DATES _____	AGENCY _____	DESCRIPTION OF WORK _____
#HOURS _____	AGENCY SIGNATURE _____	_____

STUDENT SIGNATURE

PARENT SIGNATURE