## COMMUNITY SERVICE HOURS TRACKING FORM

**SCHOOL NAME:** _____

**STUDENT NAME:** _____

**GRADE LEVEL:** _____

**PARENT NAME:** _____

**PARENT SIGNATURE:** _____

| DATE OF SERVICE | PLACE OF SERVICE | DESCRIPTION OF SERVICE | # OF HOURS | SUPERVISOR SIGNATURE |
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| | | **Total hours this sheet** | | |

***I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE:***

Student Signature: _____

Date of Submission: _____