

ALL SAINTS' ACADEMY
COMMUNITY SERVICE HOURS REPORT FORM
PLEASE PRINT

NAME _____ **GRADE** _____

Briefly describe the nature of service:

Number of Service Hours (please round to nearest hour) _____

Date of Service _____

Verification Signature _____

Please turn in completed form(s) to Mrs. Sinclair

Middle School Requirement – 20/year

Upper School Requirement – 35/year

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