

**SARASOTA CHRISTIAN SCHOOL  
RECORD OF COMMUNITY SERVICE HOURS**

Student Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Student SCS Email: \_\_\_\_\_@sarasotachristian.org

Date of Activity MM/DD/YY	Agency/Place of Activity	Nature of Activity	Supervisor Name (print)	Supervisor Signature	Paid or Unpaid	# of Hours Worked
				<b>HOURS REPORTED ON THIS</b>		

I attest that I have performed the hours listed above towards completion of my graduation requirement.

*(150 hours/4 years, 112.5/3 years, 75/2 years, 37.5/1 year)*

Student Signature:	Parent Signature:
HS Principal Approval	Entered in system (office use only)

