

Sarasota Christian School
RECORD OF COMMUNITY SERVICE HOURS
 You may submit multiple organizations on this form

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	# of Hours Worked
TOTAL HOURS REPORTED ON THIS FORM:					

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: _____
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