

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: