

DUE DATE: APRIL 1ST

CHRISTIAN SERVICE HOURS TRACKING SHEET COVER PAGE

Student Name: _____ **Grade:** _____ **OEN #:** _____ - _____ - _____
(print clearly)

BEFORE SUBMITTING THIS TRACKING SHEET BE SURE TO CHECK THE FOLLOWING:

- ☐ **NAME AND GRADE HAVE BEEN RECORDED (above)**
- ☐ **ALL SERVICE INFORMATION HAS BEEN RECORDED FOR EACH ACTIVITY**
- ☐ **SUPERVISOR, STUDENT AND PARENT/GUARDIAN SIGNATURES HAVE BEEN OBTAINED**
- ☐ **TOTAL NUMBER OF HOURS FOR THIS SUBMISSION HAS BEEN RECORDED ON COVER PAGE (below)**
- ☐ **YOU HAVE A COPY OF YOUR SHEET(S) FOR YOUR RECORDS**
- ☐ **SUBMIT ORIGINAL COPIES OF COMPLETED FORMS TO MR. KIEL IN PERSON ONLY BY APRIL 1ST**

TOTAL NUMBER OF HOURS FOR THIS SUBMISSION: _____ →

Student Signature: X _____

Date _____

Parent/Guardian Signature: X _____

Date _____

For Office Use Only

X _____

Date _____

Community Service Coordinator Signature: Mr. A. Kiel

DUE DATE: APRIL 1ST

Place of Service/Organization Name:	Date(s) of Service:
Activity (describe what you did):	Parent/Guardian Signature of Approval:
Supervisor's Name:	Supervisor's Number:
Supervisor's Signature:	Total Hours for This Activity: (to be in written words NOT numerical ie. "seven" not 7)

Place of Service/Organization Name:	Date(s) of Service:
Activity (describe what you did):	Parent/Guardian Signature of Approval:
Supervisor's Name:	Supervisor's Number:
Supervisor's Signature:	Total Hours for This Activity: (to be in written words NOT numerical ie. "seven" not 7)

Place of Service/Organization Name:	Date(s) of Service:
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