LEXINGTON H.S. COMMUNITY SERVICE FORM

UPDATED – 9/2019 – Please note that if you do not list the <u>actual dates and times</u> that the community service was performed the community service form WILL BE QUESTIONED AND RETURNED TO YOU.

PLEASE RETURN FORM TO THE REGISTRAR'S OFFICE - ROOM 152

Student Name:	Homeroom:
Counselor:	Yr. of Graduation:
Title of Organization:	
Date(s) of Service /Times:	TOTAL HOURS
	days / hours - or a separate sheet of paper, stapled to this form.h day a community service activity was performed**
Contact Person Information:	
Name (print):	Signature: I hereby verify the TOTAL hours of service listed above
Phone Number:	Email:
Date Approved / Signed :	
for a non-profit organization, whose effort will dire	hands on" activity by an individual without compensation or academic credit ectly benefit others, and is without direct religious or political involvement. club or organization does not constitute community service (i.e., meetings or
Describe in detail your community service: what does it meet the guidelines, etc.	t was your activity, where was it done, how did it benefit someone else, how
Student's verification signature:	Date:
Parent/Guardian's signature:	Date:
 submission deadline. Forms received after the d Questionable forms will be sent back to you in ho If you have questions, please s 	·
FOR OFFICE USE ONLY	
Date Reviewed:	
Approved: Denied:	Questioned (see attached):