

Student Community Service Hours

St. John of San Francisco Orthodox Academy

Month: _____

DATE	TIME WORKED	ACTIVITY

(Keep for your records)



(Detach and return to the school office at the end of each month)

STUDENT COMMUNITY SERVICE HOURS Month: _____

STUDENT NAME: _____

DATE	TIME WORKED	ACTIVITY	SUPERVISOR SIGNATURE

TOTAL TIME _____

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____