

Classical Christian Academy
Community Service Hours Certification

Name of Student (please print)

Description of Service Activity include date or date-range if serving over multiple days/weeks:

Location of Service: _____

_____ Total number of hours.

Student's Signature

Date

Parent Signature

Date

ABOVE THIS LINE TO BE COMPLETED BY STUDENT

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BELOW THIS LINE TO BE COMPLETED BY AN ADULT WHO IS NOT A FAMILY MEMBER
OF THE STUDENT

My signature below certifies that the student has completed the service hours above under my supervision.

Printed Name Signature

Organization

Phone

Date: _____

Address: _____
