



## COMMUNITY SERVICE HOURS

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**(Note: Supervisor may not be the student's parent/guardian)**

Hours Completed: \_\_\_\_\_

Description of Activity:

Parent Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**(Note: Supervisor may not be the student's parent/guardian)**

Student Signature: \_\_\_\_\_

Return completed form to MMS

Attn: Registrar – registrar@mountmadonnaschool.org