

KEYSTONE OAKS HIGH SCHOOL

----- COMMUNITY SERVICE ATTENDANCE RECORD -----

YEAR: _____

STUDENT'S NAME: _____

GRADE LEVEL: _____ HOMEROOM: _____

HOME PHONE: _____

PLACEMENT SITE: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S PHONE NUMBER: _____

IMPORTANT:

You must complete all of the above information to receive full credit for the hours indicated. Failure to properly complete this form may result in a loss of hours. Also, completed forms must be turned in to the Community Service Office for credit.

DATE	HOURS SPENT	NATURE OF ACTIVITY	SUPERVISOR'S SIGNATURE	COMMENTS