

CARLSBAD HIGH SCHOOL
3557 Lancer Way
Carlsbad, CA 92008
(760) 331-5100 FAX (760) 720-3828

Community Service Program

STUDENT FORM

This form is to be completed by the student and signed by the non-profit organization. In addition to the necessary signatures, a business card from the supervisor or a letter on the organization's letterhead must be provided for the hours to be valid and documented.

Student ID Number: _____

Student Name: _____
(PLEASE PRINT) Last First

Year of Graduation: _____

Name of Service Site:

Address: _____

Phone#: _____

Supervisor Contact: _____
(PLEASE PRINT) Last First

Supervisor's Signature: _____

A business card or letter from the Non-Profit Organization on their letterhead must be attached to this form in order for the hours to be recorded.

Hours Completed: _____

*If Community Service is **not** on the Pre-approved sample list, administrative approval is required **PRIOR** to performing the community service.*

Administrative Approval: _____

Date: _____

Student Signature: _____

Date: _____

RETURN TO GUIDANCE OFFICE

Recorded: _____