



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