

LEXINGTON HIGH SCHOOL COMMUNITY SERVICE FORM

(Please see guidelines on Guidance Dept link)

Instructions: Complete ALL sections

Student Name: _____ Homeroom: _____

Counselor: _____ Yr. of Graduation: _____

Title of Organization _____

Date(s) of Service: _____ # of Hours: _____

Contact Person Information:

Name (print): _____

Signature: _____

I hereby verify the hours of service listed above

Phone Number: _____

Email: _____

(If available)

Date: _____

Community Service is an action, performance, a “hands on” activity by an individual without compensation or academic credit, whose effort will directly benefit others, and is without direct religious or political involvement. Participation or membership in an extra-curricular club or organization does not constitute community service (i.e., meetings or rehearsals).

Describe in detail your community service: what was your activity, where was it done, how did it benefit someone else, how does it meet the guidelines, etc.

Student’s verification signature: _____ **Date:** _____

Parent/Guardian’s signature: _____ **Date:** _____

PLEASE keep a copy for your records.

- Deposit the original form in the community service box in the Library Media Center, Room #151. **Forms for each 90-day time period should be dropped off by the posted submission deadline. Forms received after the deadline will be returned.**
- Questionable forms will be sent back to you with a letter of explanation
- If hours are cumulative please provide details on the back of this form or a separate sheet of paper

FOR OFFICE USE ONLY

Date Reviewed: _____

Approved: _____

Denied: _____

Questioned: _____

(See attached letter)