KEYSTONE OAKS HIGH SCHOOL

COMMUNITY SERVICE
SERVICE LEARNING ATTENDANCE RECORD YEAR 20_____

STUDENT'S NAME _____

GRADE LEVEL _____ HOMEROOM _____

HOME PHONE __(____)_____

PLACEMENT SITE _____

SUPERVISOR'S NAME _____

SUPERVISOR'S PHONE NUMBER __(____)_____

IMPORTANT:
In order to receive full credit for the hours indicated, you must complete all of the above information. Failure to do so will result in a loss of hours. Please use the green form if you are providing a service for an incapacitated individual or a senior citizen.

Date of Participation	Hours Spent	Nature of Activity	Supervisor's Signature	Comments