

College and Career Program
Late Arrival/Early Dismissal Program
SERVICE HOURS SUBMISSION FORM

Student's Name _____

Date of Service _____ Times Service Occurred: from _____ am/pm to _____ am/pm

Total Hours Earned _____ Organization or Person Served _____

Description of Service Activity: _____

Name of Supervising Adult: _____ Contact number of Supervising Adult: _____

Signature of Supervising Adult: _____

Student's Name _____

Date of Service _____ Times Service Occurred: from _____ am/pm to _____ am/pm

Total Hours Earned _____ Organization or Person Served _____

Description of Service Activity: _____

Name of Supervising Adult: _____ Contact number of Supervising Adult: _____

Signature of Supervising Adult: _____

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