

East Aurora High School - Community Service Record Log Sheet

Name: _____ I.D. Number: _____

Counselor: _____ Grade: _____

Date	Location/Site Name	Time In	Time Out	Total Hours	Site Supervisor Name, Signature and Telephone Number
					Name (Printed):
					Signature:
					Telephone:
					Name (Printed):
					Signature:
					Telephone:
					Name (Printed):
					Signature:
					Telephone:
					Name (Printed):
					Signature:
					Telephone:
Total Hours on This Sheet					

I certify that I did not receive payment or any form of compensation for the above Community Service hours.

Student Signature _____ Date _____

Counselor Signature: _____ Date Received _____

All records of Community Service hours must be turned in to your counselor within 60 days of completion on or before **April 1 prior to graduation** to be counted towards the graduation requirement.

Students must retain a copy of this form for their records.