

# South Bend High School Community Service Form

**Name of Student:**

**Circle current grade level:**

7th Grade    8th Grade    Freshman    Sophomore    Junior    Senior

Number of hours: \_\_\_\_\_ Date(s): \_\_\_\_\_

Name of Organization: \_\_\_\_\_

**Is this organization on the pre-approved list? Yes/No\* (circle)**

**\*If you answered no, you must have pre-approval from the principal or designee in order for your hours to count. All community service after September 9th, 2014 must meet SBHS requirements (see attached).**

\_\_\_\_\_  
Principal (or designee) Signature

\_\_\_\_\_  
Date

Describe what service you did and how it helps/will help the community:

---

---

---

Name of person who supervised/will supervise your community service (not your parent):

\_\_\_\_\_

Signature of person who supervised your community service (not parent):

\_\_\_\_\_ PHONE #: \_\_\_\_\_

When you have put this service into your WOIS account check here: \_\_\_\_\_

Office has put into Skyward: \_\_\_\_\_

