

## Newaygo High School Community Service Documentation

Student's Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Description of Community Service	Location of Community Service/Address	Hours of Service	Name of Sponsoring Adult & Phone Contact Number	Signature of Sponsoring Adult

Total Hours: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return to the Counseling Office Secretary by the first Friday in May.*