

TSCA STUDENT COMMUNITY SERVICE

PLEASE PRINT:

Student Name _____ Grade _____
(Last) (First)

Place of Service _____
Activity _____
PRE-APPROVED _____ Signature of Approval _____

(Activity should be pre-approved in advance by administration to be certain it counts towards service hours)

Place of Service _____
Address _____
Date: (mm/dd/yyyy) _____ Hours completed _____
Activity _____
Supervisor/Overseer Signature _____ Title: _____

Student Signature _____ Date _____

Parent/Guard. Signature _____ Date _____

**** Service Hours Form should be signed and turned in immediately after receiving hours.**

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