



# EVANGELICAL CHRISTIAN SCHOOL

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## STUDENT COMMUNITY SERVICE FORM

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STUDENT NAME:

ORGANIZATION:

PROJECT DESCRIPTION:

DATE OF SERVICE:

HOURS COMPLETED:

SUPERVISOR SIGNATURE & TITLE:

DATE:

PARENT SIGNATURE:

DATE:

PRE-APPROVAL OF BIBLE TEACHER:

DATE:

DUE DATES: ONE WEEK PRIOR TO LAST DAY/QUARTER

NOTE: PLEASE USE A SEPARATE FORM FOR EACH SERVICE PROJECT