



# The Brook Hill School Community Service Form

Student Name: \_\_\_\_\_

Grade: 6 7 8 9 10 11 12

Location of service: \_\_\_\_\_

Date(s) of service: \_\_\_\_\_

Hour(s) of service (rounded to nearest 1/2 hour): \_\_\_\_\_

Description of service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Name (Please Print): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**NOTE:**

Services hours will be approved and posted on RenWeb within 2 weeks of form submission.

**For Office Use Only**

_____ Date received: / /	Hours Granted:	Yes	No	Initials: _____
_____ Date entered into RenWeb: / /				Initials: _____