

**LEXINGTON HIGH SCHOOL  
COMMUNITY SERVICE  
PRE-APPROVAL FORM**

(To be submitted in advance by the student or organization)

**ORGANIZATION INFORMATION:**

**NAME:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**STUDENTS INFORMATION: (If Applicable):**

**NAME:** \_\_\_\_\_ **HR:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DESCRIBE YOUR PROPOSED SERVICE PROJECT:**

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

**EXPLAIN HOW YOUR PROPOSAL MEETS THE COMMUNITY SERVICE GUIDELINES:**

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

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FOR OFFICE USE ONLY

DATE REVIEWED: \_\_\_\_\_

APPROVED: \_\_\_\_\_ Denied: \_\_\_\_\_ Questioned: \_\_\_\_\_ (See attached letter)