

LEXINGTON HIGH SCHOOL COMMUNITY SERVICE FORM

(Please see [guidelines](#))

Instructions: Complete ALL sections

Student Name: _____ **Homeroom:** _____

Counselor: _____ **Yr. of Graduation:** _____

Title of Organization: _____

Date(s) of Service: _____ **** # of Hours:** _____

Contact Person Information:

Name (print): _____ **Signature:** _____
(I hereby verify the hours of service listed above)

Phone Number: _____ **Email:** _____
(If available)

Date: _____

Community Service is defined as an act or activity performed by an individual without compensation or academic credit, whose time and effort will benefit/aid a person or group of people and is without direct religious or political involvement.

Describe your community service: where was it done, how did it benefit someone other than yourself, how does it meet the guidelines, etc.?

Student's verification signature: _____ **Date:** _____

Parent/Guardian's signature: _____ **Date:** _____

PLEASE **make a copy for your records.**

- Deposit the original in the community service box in the Library Media Center, Room #151.
- Approved forms will be forwarded to your guidance secretary for processing.
- Questionable or denied forms will be sent back to you with a letter of explanation.

**If hours are cumulative please provide details on the back of this form or a separate sheet of paper

FOR OFFICE USE ONLY

Date Reviewed: _____

Approved: _____ Denied: _____ Questioned: _____
(See attached letter)