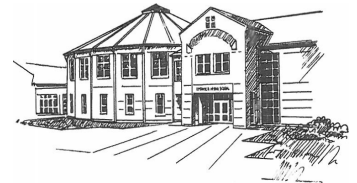




Jonathan Mitchell
Principal
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Leeanne Collura
Assistant Principal
lcollura@ipsk12.net

Community Service Confirmation Page

Please print this page and return completed form to *Mrs. Kennedy* for credit

Student Name: _____ Class of: _____

Contact Email: _____ Student ID: _____

Volunteer Organization: _____

Date/Hours:	Notes: (if necessary)

Total hours from above: _____

Brief description of your community service:

--

Print Name of Supervisor: _____

Signature of Supervisor: _____ Date: _____

Supervisor's Email: _____ Phone: _____

Parent Signature: _____ Date: _____