



ASMS

The Alternative School for Math and Science

STUDENT COMMUNITY SERVICE REPORT

Last Name

First Name

Class

Date of Service _____ Number of Hours _____

Who was the service for (name of person or organization)?

What did you do?

Student Signature

Parent or Supervising Adult Signature

For on-going service (something done on a regular basis), use the table below:

Date	Number of Hours

Put completed form in the *Community Service* folder located at the front desk (see Mrs. Barton).