

MACON EAST ACADEMY COMMUNITY SERVICE FORM

Student Name:	F	Homeroom:	
Counselor:	Y	r. of Graduation	
Title of Organization:			
Dates(s) of Service/Time (Example is Monday, August 15, 20	015 8:15 a.m. – 2:15 p.m.)	Total # of Hours:	
Please use the back of the form to Each day MUST have hours listed		on a separate sheet of paper stapled to this form. <u>y.</u>	
Contact Person: Information:			
Name(s) (Print)	Signature	2	
(-) () <u></u>	(I hereby verify th	ne TOTAL l hours of service listed)	
Phone Number:	Email:		
Date Approved/Signed:			
Counselor. Students 9-12 must ha 10 hours per school year, but no Headmaster, or the College and C	ave completed the 40 hours to more than 20 in a year, as to rareer Counselor must approve community service: what was	arding your church community event please see the optal for the Honors Graduate recognition. Students most exceed doing them all at one event or one year. The all service. It is your activity, where was it done, did it benefit some	nust complete Γhe
Student's Verification Signature	e:	Date:	
_		Date:	
PLEASE keep a copy for your re_Deposit the original form to the_Questionable forms will be sent	tray in the College and Caree	r Office hat it needs further detail or what needs to be correc	cted
If you have any question please M	Irs. Kelley Newell or email <u>kn</u>	newell@maconeast.net	
FOR OFFICE USE ONLY: Date reviewed:			
Approved:	Reviewed:	Explanation: (see attached)	

Updated on 7/7/15