Stockbridge High School

Community Service Documentation

Student Name:		Year of Graduation:			
Description of	n of Location/Address of	Service		Name of	Approval of
Community Service	Community Service	Date	# of Hours	Sponsoring Adult	SHS Teacher
I, can verify that I completed te above community service hours totaling hours while in high school. As a parent/guardian of					
(student name) I can attest the above community service are accurate and meet the school's guidelines as described in the Community Service Policy.					
				Parent Signature	Date

High School Verification

Date