Hamagrael Elementary School Community Service Program

Student Name _____

Name of Parent/Guardian Verifying this form _____

Verification Form			
Date	Place where service was performed	Description of Service (any work done in class, with a school group, with parents or independently can count)	Time spent on service This event / total time
			/
			/
			/
			/
			/
			/
			/
			/
			/
			/
			/
			/
			/
			/
			/
			/
			/
			/
			/

Declaration: I, (parent/guardian signature) _____, as the parent/guardian of the above-named student attest to and verify that all information in the form above is true.