



## All Saints School Community Service Hours Form AY24-25

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Service Location: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Description of Service: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

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