

**LONE STAR HIGH SCHOOL
COMMUNITY SERVICE**

Name _____ ID# _____

Date _____ Grade _____

Description of community service preformed:

Date(s) of Service: _____ **Number of Hours** _____

Name of organization of community member served: _____

Name of group or community organization that arranged service project:

Name of supervisor or person who can verify service:

Phone # of supervisor or person who can verify service:

To the best of my knowledge, the above information is correct.

Signature

Information:

**Community Service is not required for graduation
100 hours required to be recognized in the graduation ceremony
Seniors must complete and submit their hours by April 1st in the registrar's office
Forms must be submitted to ALL clubs and organizations in order to be
documented**