



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of the Chief Academic Officer

COMMUNITY SERVICE: PROJECT AND HOURS FORM

Student Information: (Please Type or Print)

Name: _____ Student ID: _____

School: _____

Organization Information:

Name of Agency, Club and/or Organization: _____

Address: _____

Supervisor name: _____

Telephone number: _____

Grade: _____ Date: _____

Brief Description of activity	Date	Time In	Time Out	# of hours	Site supervisor signature

*Beginning with the 2011–2012 school year, all community service hours must be completed through a 501(c)(3) non-profit organization.