

Service Learning Registration

- COMPLETE FORM IN BLUE OR BLACK INK.
- PLEASE PRINT CLEARLY.
- TURN IN TO MENTOR/SEMINAR TEACHER AFTER FORM IS COMPLETE.

STUDENT NAME: _____ YEAR: 20____-20____

SEMINAR TEACHER: _____

DESCRIPTION OF SERVICE PERFORMED: _____

SERVICE SUPERVISOR _____
(PERSON WHO CAN VERIFY THAT YOU COMPLETED THE SERVICE DESCRIBED)

CONTACT PHONE NUMBER FOR THIS PERSON: _____

HOURS COMPLETED: _____ DATE(S) OF SERVICE: _____

WHAT DID YOU LEARN FROM PERFORMING THIS SERVICE?

SERVICE SUPERVISOR SIGNATURE: _____

PARENT SIGNATURE: _____

STUDENT SIGNATURE: _____

SERVICE LEARNING COORDINATOR SIGNATURE:
(YOU NEED TO GET Mr. Sibley to sign this) _____

Circle Current Grade Level---

9

10

11

12