

LUHSD COMMUNITY SERVICE PROGRAM

STUDENT PLACEMENT FORM

School site (circle one) Liberty Heritage Freedom La Paloma Independence

Teacher Name: _____ Period: _____

Student Name: _____ Phone: _____

(FOLD ON THE LINE)

LUHSD COMMUNITY SERVICE PROGRAM

Student Name: _____

Non-Profit Agency/Event Name: _____

HOURS COMPLETED

Date	Hours	Date	Hours	Date	Hours

Total Hrs: _____

SUPERVISOR SIGNATURE: _____ Date: _____

SUPERVISOR COMMENTS: _____
