

KIRK ACADEMY

Student Community Service Verification Form

The following must be completed by the student

Student Name _____ Grade _____

The following must be completed by the organization supervisor

Description of Activity	Date	Hours Worked

Comments on student's performance

Organization's Supervisor Signature _____

Organization's Supervisor Phone # _____

Hours approved by _____

Please complete and mail to:

Kirk Academy
Dr. Keri Tawater
2621 Carrollton Rd.
P.O. Box 1008

*Hours received are contingent on approval by the administration.