KIRK ACADEMY

Student Community Service Verification Form

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
% Tracy Herring
PO Box 1008
Grenada, MS 38901

*Hours received are contingent upon approval by the administration.

Revised 2026