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| --- | --- | --- | --- | --- | --- | --- |
| Date  | Number of Hrs | Location of service | Services Performed | Advisor’s Signature | Advisor’s phone number | NJHS Signature |
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**CHAPA MIDDLE SCHOOL**

**RECORD OF COMMUNITY SERVICE**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To the best of my knowledge, this accurately reflects my community service.

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Student’s Signature Date

Please keep a copy for your records before turning in.