

NOTE: This form is to use for **graduation requirement ONLY.**

Bellevue High School District
High School Community Service
Graduation Requirement: 40 hours

STUDENT INFORMATION:

Name: _____ Year of Graduation: _____
School: _____ Student ID #: _____
Counselor: _____ Home Phone #: _____
Address: _____

COMMUNITY SERVICE PLAN:

Agency Plan: _____
Address: _____
Contact Person: _____ Title: _____
Phone: _____ Total Planned Hours: _____
Dates of Planned Service: FROM: _____ TO: _____
Please briefly describe the nature of the service planned:

SIGNATURES: PRE-APPROVAL/SUPPORT: (Student, Parent, School, Agency):

Student Signature: _____
Parent Support/Approval Signature: _____
Principle (or designee) Support/Approval Signature: _____
Agency Support/Approval Signature: _____

CONFIRMATION OF HOURS OF SERVICE (To be filled in when service is completed)

Agency Contact Signature: _____
Number of Hours Completed: _____
Comments: _____
