CHISHOLM TRAIL ACADEMY

Community Outreach Form

Directions: Please complete this form and return it to the registrar's office at Chisholm Trail Academy.

Student Name _____ Grade _____ Date Submitted _____

Date(s) of Activity _____ Hours & Minutes Involved _____

Description of Activity:

What was the activity?

What was your part?

Was this activity of benefit to you? Why or why not?

How was this activity of benefit to others?

Signature of Student _____ School Pre-approval _____

(My signature indicates that I did the above services as described without receiving pay.)

To the Supervisor:

Thank you for your help in this project. Please read and sign below.

I attest that the above service was:

1. Supervised by me.
2. Voluntary with no payment.
3. Not done for the student's immediate family.
4. Performed in the indicated number of hours.

Print Name _____ Signature _____

Phone _____ Date _____

(Please note that the student's parents may not sign this form.)

For Office Use Only: (Circle One)	Approved Hours:
Community Church School	