Beal City High School Graduation Requirement
Community Service Documentation

Student's Name: _____ Year of Graduation: _____

Description of Community Service	Location of Community Service/Address	Hours of Service	Sponsoring Adult/Organization	Sponsoring Adult Signature	Phone Number	School Administrator Approval

_____ _____ _____

Parent Signature Student Signature Date

IT'S THE STUDENT'S RESPONSIBILITY TO MAINTAIN THIS RECORD

Please return form to High School Principal by March 31 of Senior year

Please direct all questions to the High School Principal