American Heritage School

Date Received OFFICE USE

Community Service Form - Broward Campus

TO BE COMPLETED BY STUDENT: Class of: _____ PL#: _____

Student Name: :_____ Group/Club: _____

Date (M/D/YY)	Description of Duties Performed for Service Hours	Time (Beginning – End)	# of Hours

TOTAL # OF HOURS: _____

To be completed by the SUPERVISOR: ***No payment may be accepted by the student for the services rendered.***

_____
Name of Organization / Charity / Agency

_____
Address of Organization / Charity / Agency

_____ _____
Name and Title of Supervisor (Please Print) *Supervisor's Telephone Number*

_____ _____
Supervisor's Signature (Photocopies will not be accepted) Date

To be completed by the STUDENT AND PARENT: ***To the best of my knowledge, the above information is accurate.***

Student's Signature: _____ Parent's Signature: _____

Please email this ***completed*** form to the Community Service Coordinator at **communityservice@ahschool.com**

Revised 08/2024