Community Service Time Log

Name _		_		
	ons: Please return the comp Studies room according to the state of the		_	
Date	Activity or Project	Hours	Signature of Supervisor	Signature of Parent
careless	ons: Using complete sentents answers will be discredited to complete these hours I	ces finish the	_	, .
As a res	sult of this/these activity/act	ivities, I hav	e learned	

ALL QUESTIONS REGARDING COMMUNITY SERVICE SHOULD BE DIRECTED TO MRS. HUGHES AT bonnie.hughes@crownpointeacademy.org or x. 514.

Community Service Due Dates

Hours Completed Due Date

Summer/1st Quarter October 5, 2023

2nd Quarter December 15, 2023

3rd Quarter February 29, 2024

4th Quarter May 13, 2024

All other arrangements must be made through Mrs. Hughes.