

# Renaissance Community Service

Student Name: \_\_\_\_\_

Team: \_\_\_\_\_

Quarter: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> (circle one)

Date Submitted: \_\_\_\_\_

**Office Referral/Detention**

- *Six (6) hours of community service equals 1 Office Referral/Detention*
- *Allowed 1 (one) maximum, per school year*

**Bus Referral/Detention**

- *Six (6) hours of community service equals 1 Bus Referral/Detention*
- *Allowed 1 (one) maximum, per school year*

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**This area to be filled out by the Community Service Supervisor/Sponsor.**

Service Supervisor/Sponsor Name: \_\_\_\_\_

Hours Worked: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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**By signing below, you acknowledge that the service listed above was completed and the information is accurate.**

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_