

Renaissance Community Service

Student Name: _____ Team: _____
Quarter: 1st 2nd 3rd 4th (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

Attendance

- Four (4) hours of community service equals 1 absence
- Allowed 2 (two) maximum, per school year

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

Service Supervisor/Sponsor Name: _____

Hours Worked: _____ Phone Number: _____

Date: _____

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

Student Signature: _____

Parent/Guardian Signature: _____