



COMMUNITY SERVICE DOCUMENTATION

METRO ACADEMIC AND CLASSICAL HIGH SCHOOL

4015 McPherson Avenue
Phone (314) 534-3894

St. Louis, MO 63108
Fax (314) 244-1838

Student Name: _____ Grade: _____ Date: _____

This community service form is to certify that _____, a student enrolled at Metro Academic and Classical High School has completed the following community service activities, **(do not include hours for employment)**.

Examples: Hospital/Nursing Home, Animal Rescue/Shelters, Food Pantry's,

Name of Organization: _____
Contact Person: _____ Telephone Number: _____
Business E-mail: _____

Document individual dates of community service hours on the reversed side of page.

Place an "X" in the appropriate box.

	EXCELLENT	GOOD	FAIR	NEED IMPROVEMENT
ATTITUDE				
PUNCTUALITY				
RESPONSIBLE				
GETTING ALONG W/OTHERS				

Additional Comments:

Student's Signature: _____

Adult Sponsor Signature: _____

Individual Community Service Hours are to be posted on the reversed side of this page.

OFFICIAL USE ONLY

ACADEMIC YEAR: _____ FRESHMAN _____ SOPHMORE _____ JUNIOR _____ SENIOR
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