COMMUNITY SERVICE DOCUMENTATION
METRO ACADEMIC AND CLASSICAL HIGH SCHOOL
4015 McPherson Avenue  St. Louis, MO 63108
Phone (314) 534-3894  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.

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<thead>
<tr>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>NEED IMPROVEMENT</th>
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<tbody>
<tr>
<td>ATTITUDE</td>
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<tr>
<td>PUNCTUALITY</td>
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<td>RESPONSIBLE</td>
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<td>GETTING ALONG W/OTHERS</td>
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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

REVISED
Pub/10-2014
(over)