
HIGH SCHOOL
INTEROFFICE MEMORANDUM

TO: REGISTRAR
FROM: ADVISEMENT TEACHER
SUBJECT: VERIFICATION OF COMMUNITY SERVICE HOURS AND ESSAY
COMPLETION
DATE: _____

This is to verify that _____ has completed 40-75
hours of community service and has completed the Experience Summary Form.

Student ID _____

Advisor's Signature _____ (Homeroom Teacher)

COMMUNITY SERVICE VERIFICATION FORM

Student Name _____ IC ID# _____
School Name _____ **High School** _____ Date of High School Entry _____
Phone Number **404-802-3100** _____

Name of Site	Type of Activity	No. of Hours	Date Completed	Verified by
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

This is to certify that the above named student has completed the 40-75-Hour Community Service requirement, including a final composition, as prescribed by the Atlanta Board of Education.

Signature of Advisor _____ (Homeroom Teacher)

DUTIES OF THE COMMUNITY – COURSE 70.0410001

EXPERIENCE SUMMARY FORM

NAME _____ SCHOOL High School GRADE _____

Please provide the following information about your Community Service experience.

(USE COMPLETE SENTENCES)

1. Where did you complete the 40-75 hours of volunteer service?

2. What were your duties?

3. What did you gain from this experience?

4. What do you feel you contributed?

You may use a plain sheet of paper for additional information if needed.