



Forest Lake Academy - Community Service Form

Student's full name _____

Date(s) of service: _____

Time(s): _____ Total Hours: _____

Name of organization: _____

Supervisor's name: _____ Title: _____

Supervisor's Signature: _____

Email: _____ Contact Phone: _____

Service event or activity: _____

Description of service: _____

Student's personal reflection: _____

Student's Signature: _____ Parent's Signature: _____