

# Student Service Verification of Participation



**To Be Completed by Student:**

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Placement Site \_\_\_\_\_

Description of Service Performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates and Hours of Service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Verifying Agent (agency representative/school sponsor, etc.)**

I am pleased to verify that this student has completed the following number of hours toward fulfillment of the thirty-six hour student service requirement for high school graduation.

Name of agency or organization \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Number of Hours of Service \_\_\_\_\_

\_\_\_\_\_

*Verifying Agent - (Please Print)*

*Verifying Agent Signature*

\*Completed form must be returned by student to Guidance Secretary.

Guidance Secretary returns a copy to the student and forwards a copy to the school's Data Entry Person.

**To be completed by Data Entry Personnel**

I have entered the hours identified above into IDS.

Name of Data Entry Person \_\_\_\_\_ Date \_\_\_\_\_

Data Entry Personnel Returns a copy to Guidance for Inclusion in Student's Cumulative Record.