



Westlake Christian Academy

Student Community Service Form

275 South Lake Street, Grayslake, IL 60030
847-548-6209

Student Name _____ Grade _____

Circle grading quarter: 1st 2nd 3rd 4th

Organization's name _____

Address _____

City _____ Zip _____

Community Service Supervisor _____

Contact phone number _____

Description of Community Service:

Date	Day	Hours	Supervisor's Initials
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Date	Day	Hours	Supervisor's Initials
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____
21. _____	_____	_____	_____
22. _____	_____	_____	_____
23. _____	_____	_____	_____
24. _____	_____	_____	_____
25. _____	_____	_____	_____
Total Hours		_____	_____

This form is to be turned into the school office each grading quarter.
Please use a new form for each grading quarter.

If your Community Service is with multiple organizations or of a different type of work,
please use 2nd form for the purpose of recording these Community Service hours.