

Washington Mathematics Science Technology
Public Charter High School
Community Service/ Service Learning

Verification of Student Hours*

Name: _____

Student ID#: _____

Month/ Year: _____

Name/ Type of Activity	Time IN	Time OUT	Verified by Agency Rep	Date

Total Hours: _____

Signature of Agency Representative

Date

Name of Agency/ Organization

Telephone

***Please return this form to the School Community Service Liaison**

FOR OFFICE USE ONLY

Receipt of Form: _____

Approved by: _____

Date recorded in student record: _____