Mitchell High School

Community Serivce Documentation

1819 19th Ave. Mitchell, NE 69357

(308) 623-1226

Student's Signature _____ Year of Graduation _____

Description of Community Service	Location of Community Service/Address	Date of Service	Hours of Service	Name of Sponsoring Adult & Phone Number (Please Print)	Signature of Sponsoring Adult
***NO grades can be given for service; neither lowered, raised, nor as extra credit.**	***NO credit for services will be recorded without a parent or guardian's signature for permisson and approval**			***NO credit will be given for exrracurricular (co-curricular) activities or for student aide activities**	***NO service will be given for work with a profit-making organization**
***NO Pay may be received for services**	***NO credit will be given for services during a student's regular school hours.**			***NO credit for service will be given for court-required or punitive services.**	***NO family members may be the recipeints or supervisors of services**

Parent's Signature _____ Student's Signture _____

Date _____