

# Mount Airy Christian Academy Student Service Validation Form



(Please print)

Student Information	
Student Name _____ Grade _____	To be completed by adult site/project supervisor  _____
	# of Hours

Activity \_\_\_\_\_ Begin Date \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_

Sponsoring Organization \_\_\_\_\_

Adult Site/Project Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

#### TO BE COMPLETED BY STUDENT

*Describe your role in the activity and how it benefited your school and/or your community.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Site/Project Supervisor Signature

\_\_\_\_\_  
Date

This form is to be completed by the student each time he/she completes an activity that qualifies as part of the Student Service requirement. After securing the appropriate signatures, this form is to be returned to the Secondary Vice Principal's Office. Each different activity requires a new form.