

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 Academic Dean's Office. Each different activity requires a new form.