



## Approval Form (Unless on Previously Approved List)

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

### Out-of-School Community Service

Name of Non-Profit Agency/  
Organization \_\_\_\_\_

Organization \_\_\_\_\_

**➡ YOU MUST ALSO SUBMIT PROOF OF THEIR NON-PROFIT STATUS**

Describe service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved

Not Approved

Counselor signature \_\_\_\_\_

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### In-School Community Service

Name of Group/  
Teacher \_\_\_\_\_

Describe service \_\_\_\_\_

\_\_\_\_\_

Approved

Not Approved

Counselor signature \_\_\_\_\_

**PLEASE NOTE: Prior approval assures acceptance of community service hours.**