



ROXBORO COMMUNITY SCHOOL

Community Service Record Sheet

Student Name:	
Grade:	
Address:	
Phone:	

Date	Task	Start Time	Finish Time	Total Time	Witness Signature*

I attest that I have completed the work as recorded above in agreement with the requirements set forth by Roxboro Community School.

Student Signature

Date

TOTAL hours

**By signing above I attest that the above named student has completed the required community service work under my direction and any community agencies.*