

Service Learning Activity Request

Arthur Lovington Atwood Hammond High School

Student's Name: _____

Date of Service: _____

Begin Time: _____ End Time: _____

Proposed activity description: _____

Name of Supervisor: _____

Phone Number for Supervisor of Activity: _____

☐ Approved

☐ Declined – Reason: _____

Committee Chair Signature

Principals Signature

I certify that _____ completed the above Service

Learning activity under my supervision from _____ to _____ on

_____.

Activity Supervisor's Signature _____