



Allatoona High School
Community Service
"Anchored in Excellence"



PRINT Student Name: _____ HR Teacher: _____ School Year: _____ Grade: _____ Graduation Year: _____

PLEASE RETURN TO the Front Office BEFORE MAY 1

*Community Service hours should **ONLY** be those earned while supporting **Allatoona High School** or one of our Feeder Schools.*

Students completing **50 hours** of community service will have the privilege of wearing a Community Service **Bronze Medal** at Graduation.
Students completing **100 hours** of community service will have the privilege of wearing a Community Service **Silver Medal** at Graduation.
Students completing **150 hours** of community service will have the privilege of wearing a Community Service **Gold Medal** at Graduation.

Date of Activity	Number of Hours	Brief description of the service project	Sponsor's Signature	Phone # of Sponsor for off campus activities
				Total Number of Hours This Page _____

Over for additional hours

Date of Activity	Number of Hours	Brief description of the service project	Sponsor's Signature	Phone # of Sponsor for off campus activities
				Total Number of Hours This Page _____