

Community Service Event Record
Lisle Senior High School

I. Student Information

Name _____ Class of _____

Home Phone Number _____

II. Event Information

Name of Group Sponsoring Event _____

Name of Supervisor _____

Signature of Supervisor (Attesting to hours served and task(s) listed and explained below)

Telephone Number _____

Number of hours of Community Service in this particular event: _____ -

Provide a brief, written description of the task(s) executed:

Signature of Student _____ *

***Note to student filing this form. You are responsible to collect and fill out these forms. When you have acquired forms that total thirty (30) hours of community service, turn all the forms in to the Assistant Principal. Forms will be audited. Student will be notified of acceptance or rejection of these forms. Upon acceptance, a notation on the student's transcript of the thirty (30) hours of community service will be made.**

The school reserves the right to check the veracity of any and all submitted forms. Students who knowingly falsify these forms may be disciplined.

Please turn in ALL Community Service Event Records to the Assistant Principal AFTER you have records totaling MORE 30 hours. Until then, please keep the Community Service Event Record. If you have questions, please contact the Assistant Principal at 630-493-8300