LICKING HEIGHTS HIGH SCHOOL

COMMUNITY SERVICE

DOCUMENTATION

_____ _____ _____

Student Name School Year Grade

_____ _____

Agency Agency Address

_____ _____

Agency Phone Supervisor

Briefly describe the activities the student will be responsible for:

_____

_____

_____

The placement has been approved by:_____ Date:_____

DATE/ DATES	NUMBER OF HOURS	SUPERVISOR'S SIGNATURE