FAIRFIELD HIGH SCHOOL

COMMUNITY SERVICE

DOCUMENTATION

_____ _____ _____

Student Name *School Year* *Grade*

Briefly describe the activities the student will be responsible for:

_____

_____

_____

I give my son/daughter permission to complete community service hours as described above:

_____

Parent Signature

The placement has been approved by:_____ Date:_____

Dates	**Number Of Hours**	**Supervisor's Signature**