

Lyman Hall High School Helps the Community



Name of Lyman Hall High School Student: _____

Grade: _____

Description of Community Service: _____

Location or Sponsoring Group: _____

Date(s) of Community Service: _____

Anticipated Number of Hours: _____

To be filled out by contact person after the event

Name of Student: _____ has
completed the Community Service as described above.

Date of Completion: _____

Number of hours: _____
*(These hours must only account for Lyman Hall H.S. graduation requirement and cannot
be used toward other community service requirements outside of school.)*

Student has met Community Service obligation:

Contact Person (Group) Date

PLEASE PRINT

Phone Number

Return this form to the School Counseling Office at Lyman Hall High School