LAKESIDE
CHRISTIAN SCHOOL
EST. 1975

COMMUNITY SERVICE PROJECT
STUDENT SERVICE LOG

Name:_____ Date of Birth:_____

Service
Organization/Agency_____

Date of Activity	Activity	Hours Logged

Total Hours_____

_____ _____
Student Signature Date

I attest that the above named student has completed the Community Service Hours listed.

_____ _____
Service Agency Contact's Signature Date

_____ _____
Parent/Guardian Signature Date

1897 *Sunset Point Road*
Clearwater, FL 33765
T 727-461-3311
F 727-445-1835
www.lakesidechristianschool.org
www.lakesidelearningsolutions.com