

SOUTHWEST MIAMI HIGH SCHOOL
COMMUNITY SERVICE ACTIVITY LOG FORM

Last Name: _____ First Name: _____ Middle: _____

ID Number: _____ Class of: _____ Grade: _____

Date Mm/dd/yy	Description of Service Performed and Location	Time In	Time Out	Total Hours	Supervisor's Signature	Contact Name and Number

I have reviewed and understand that 20 hours of community service will be completed in **order to meet graduation requirements for Miami-Dade Public Schools.**

Total Number of Hours: _____

Student's Signature

Date

Social Studies Teacher Signature

Date

