



RESURRECTION

CATHOLIC SCHOOL

520 Watts Avenue, Pascagoula, MS 39567 Phone: 228-762-3353 Fax: 228-769-1226
Website: www.rcseagles.com

Service Credit Form

Student : _____ Grade : _____

The following Service Work was performed on (date): _____

At (location): _____

For (organization or person): _____

From (time): _____ to _____

For a total of _____ hours on this date. (use a separate form for each day).

Description of service work performed:

Supervisor's Comments on the student's service:

Supervised by: _____

Signature of Supervisor: _____

Contact Information: _____

This form may be copied for student use as needed. See the guidelines in the Handbook and consult with Religion teacher for the types and amount of work eligible for Service Credit.



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