

Shelton High School Community Service Verification Form

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| Student Name: | School Year Credit is Being Applied to: |
| Current Grade: | House: |
| Homeroom Number: | Homeroom Teacher's Name: |
| <p>Shelton High School is a learning community where students are expected to meet high academic and behavioral standards while developing to their full potential. We are committed to providing our diverse student body with a safe environment characterized by respect. Our staff, students, parents, and community work collaboratively to encourage life-long learning and responsible citizenship. As part of our social and civic expectations, the Shelton High School student contributes responsibly to the school and community, values diversity and its importance, understands democratic thought and process, takes responsibility for his/her education and demonstrates respect, integrity, and honesty in all endeavors.</p> <p>Shelton High School students are required to complete 10 hours of community service per year, a total of 40 hours prior to graduation. Students will receive .1 credits for 10 hours of service each year. Students may not earn more than .1 credits per year for service. All service hours must be completed prior to May 1st. Students who do not earn their .1 community service credit will not be promoted to the next grade. Please complete this form and return it to the student when his/her service with you/your organization has been completed. Thank you for your assistance.</p> | |
| Name of Organization: <u>Shelton Litter Committee</u> | |
| Address of Organization: <u>54 Hill Street, Shelton CT</u> | |
| Name of Organization's Contact Person and Phone Number: <u>Teresa Gallagher 203 924-1555 x1315</u> | |
| Briefly Describe the Student's Service: <u>*Litter clean-up</u> | |
| <u>Location</u> | <u>Date(s)</u> |
| | <u>Hours</u> |
| * Photos required! | |
| Date(s) of Attendance: | |
| Total Hours of Attendance: | |
| Additional Comments: | |
| Name of Organization's Supervisor (please print): <u>Teresa Gallagher</u> | |
| Signature of Organization's Supervisor: | |
| Signature of SHS Student: | |
| Signature of Parent/Guardian: | |
| Date Form Was Submitted to Homeroom Teacher: | |
| Signature of Homeroom Teacher Indicating Receipt of Completed Form: | |

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