

**Cazenovia Central Schools
Community Service Activity
Student Record Form**

Graduation Year _____

Homeroom # _____

Student Name _____
(Last Name) (First Name)

Home Telephone _____

Check One: Approved Activities List _____ Administrative Approval _____

Administrator Signature _____

Description of Activity

Organization _____

Contact Person _____

Contact/Organization Address _____

Contact Telephone _____

Signature of Contact Person _____
(upon completion of activity)

Date _____

Hours Completed _____