Cambridge Academy
Middle and Upper School Community Service Log
2024 - 2025

Student Name: _____ **Grade:** _____

Location of Service	Detailed Description of Service Performed (may use multiple lines or back of page for additional space)	Date of Service	# of Service Hours	Signature of Adult / Verification of Service and contact number

For CS Coordinator Only:

Date Form was Submitted: _____ Form Completed by Student? _____yes _____no

All Services Approved? _____yes _____no   If no, reason: _____

Total Number of Approved Hours: _____   CS Coordinator Signature: _____