



PUBLIC CHARTER SCHOOL

**Community Service Verification Form**

Student Name: _____	Date: _____
Sponsoring Organization: _____	Email: _____
Address: _____	City, State, Zip: _____
Supervisor: _____	Title: _____
Supervisor Signature: _____	Phone Number: _____

By signing this form, I certify that the above named student has completed the service hours listed below. I do understand that these hours will be verified by IDEA PCS staff.

Date	Duties	Time In	Time Out	Total Hours

Please return a copy of this completed form to your grade level dean or academic counselor.

**For Counseling Department Use Only.**

Verification Date:	Grand Total of Hours:
School Counselor:	School Counselor Signature: