HIGH SCHOOL INTEROFFICE MEMORANDUM

TO:	REGISTRAR		
FROM:	SENIOR COUNSELOR		
SUBJECT:	VERIFICATION OF COMMUNITY SER COMPLETION	RVICE HOURS A	ND ESSAY
DATE:			
	verify that ty service and has completed the Experience		has completed 75 hours
Student I	D		
Advisor's	Sionature	(Counselor)	

Student Name			IC ID#				
School Name Henry	_	Date of High School Entry					
Phone Number <u>404-802-3019</u>							
Name of Site	Type of Activity	No. of Hours	Date Completed	Supervisor's Name & Contact Information			
1.							
2.					_		
3.							
4.							
5.							
6.							
7.							
8.					_		
9.					_		
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
This is to certify that the above named student has completed the 75-Hour Community Service requirement, including a final composition, as prescribed by the Atlanta Board of Education. Signature of Supervisor							

Form #674 12/31/2015

DUTIES OF THE COMMUNITY - COURSE 70.0410001

EXPERIENCE SUMMARY FORM

NAN	NAME SCHOOL	Henry W. Grady HS GRADE			
Plea	Please provide the following information about your Commu	nity Service experience.			
	(USE COMPLETE SEN	TENCES)			
1.	Where did you complete the 75 hours of volunteer service?				
2.	2. What were your duties?				
3.	3. What did you gain from this experience?				
4.	4. What do you feel you contributed?				

You may use a plain sheet of paper for additional information if needed.

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