



**Allatoona High School  
Community Service**  
*"Anchored in Excellence"*



PRINT Student Name: \_\_\_\_\_ Advisement Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year \_\_\_\_\_

**PLEASE RETURN TO the Front Office BEFORE May 1.**

**Students** completing 50 hours of community service will have the privilege of wearing a Community Service **Bronze Medal** at Graduation.  
**Students** completing 100 hours of community service will have the privilege of wearing a Community Service **Silver Medal** at Graduation.  
**Students** completing 150 hours of community service will have the privilege of wearing a Community Service **Gold Medal** at Graduation.

Community Service hours should **ONLY** be those earned while supporting Allatoona High School or one of our Feeder Schools.

Date of Activity	Number of Hours	Brief description of the service project	Sponsor's Signature	Phone # of Sponsor for off-campus activities

**Over for additional hours and TOTAL**  
(Be sure to put total on back side even if not all spaces are used.)

<b>Date of Activity</b>	<b>Number of Hours</b>	<b>Brief description of the service project</b>	<b>Sponsor's Signature</b>	<b>Phone # of Sponsor if this is an off-campus activity</b>
<b>TOTAL NUMBER OF HOURS:</b>				

