***Polk Elementary School***

***Strive for Five Community Service Form***

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**:

**Date Service Begins**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours or days assigned**:

\_\_\_\_\_\_\_\_ Total Hours of service assigned

\_\_\_\_\_\_\_\_ Total Days of service assigned

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Location of Service** | **Time or days (e.g. 15 minutes or Full day)** | **Staff Initials** | **Additional Comments** |
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***At the completion of service an administrator, parent, and the student needs to sign this document.***

Administrator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_