

Holy Redeemer High School Record of Service

Student Information:

Name: _____

Grade: _____

Phone: _____

Homeroom: _____

Address: _____

Theology Teacher: _____

Parish: _____

Service Information:

Date	Describe Service Performed	Hours

Name of contact person who oversaw service: (print) _____

(Contact person's Signature)

Contact person's phone number: _____

Service observed was: (circle) Outstanding Good Satisfactory

Parent Verification:

_____ I have reviewed my child's record of service.

Parent Signature

_____ I verify that the service was performed.

(Date)