



Creekside Knight's Community Service Form

USE ONLY FOR COMMUNITY SERVICE CONDUCTED IN A ST JOHNS COUNTY SCHOOL

STUDENT NAME _____

GRADE _____ DATE OF BIRTH _____

SCHOOL WHERE SERVICE TOOK PLACE: _____

DATES OF SERVICE _____

TOTAL NUMBER OF HOURS _____

SUPERVISOR NAME _____

SUPERVISOR SIGNATURE _____

TEL. NO: _____ EMAIL _____