

2022-2023 Service Hours Verification Form

St. Charles Catholic High School

100 Dominican Drive, LaPlace, Louisiana 70068

Phone: 985-652-3809 | Fax: 985-652-2609

Student's Name: _____ Current Grade: _____

Religion Teacher: _____ Class Period: _____ Graduation Year: 20____

Name of NON-PROFIT organization you served and service code:

(see Pre-Approved Service Project List for codes)

Name and Address of Organization:	Service Code: A B C No. _____
What service did you perform? <i>(Please be as specific as possible)</i>	
When did you perform the service? <i>(Specific dates and times)</i>	

Supervisor Contact Information *(person who supervised your service):*

Supervisor's Printed Name:	Phone No: ()
Supervisor's Signature:	

If service was performed with a parent: Number of hours performed and parent's signature: Number of hours: _____ Signature: _____
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Total Number of Hours and Quality Points

No. of Hours: _____	Quality Points <i>(circle one)</i> 100 75 25
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