

Name: _____

Grade: _____

Homeroom Teacher: _____

SOA Diploma Community Service Make Up Form

Students who have not earned 20 hours per year (minimum 10 hours from the pre-approved list) by the end of the year due date may make up hours, but will be required to complete them, plus a penalty of $\frac{1}{2}$ of the hours remaining (example 20 hours = 30 owed). Make up hours MUST come from organizations on the Pre-Approved Service List found on the school website. Students must complete a plan must fill out the plan below indicating how they intend to earn the hours prior to the end of the next school year, and email it to Mr. Lindgren, kirk_lindgren@charleston.k12.sc.us

Number of hours short: _____ x 1.5 = _____ hours

Signature of student : _____

Print Name Here: _____

Log of Service Hours completed to make up for hours missing in previous years:

1. Date: _____ Activity: _____ Supervisor: _____

Contact Number of Supervisor: _____ Number of hours completed: _____

Signature confirming Service: _____

2. Date: _____ Activity: _____ Supervisor: _____

Contact Number of Supervisor: _____ Number of hours completed: _____

Signature confirming Service: _____

3. Date: _____ Activity: _____ Supervisor: _____

Contact Number of Supervisor: _____ Number of hours completed: _____

Signature confirming Service: _____

4. Date: _____ Activity: _____ Supervisor: _____

Contact Number of Supervisor: _____ Number of hours completed: _____

Signature confirming Service: _____

5. Date: _____ Activity: _____ Supervisor: _____

Contact Number of Supervisor: _____ Number of hours completed: _____

Signature confirming Service: _____

6. Date: _____ Activity: _____ Supervisor: _____

Contact Number of Supervisor: _____ Number of hours completed: _____

Signature confirming Service: _____

7. Date: _____ Activity: _____ Supervisor: _____

Contact Number of Supervisor: _____ Number of hours completed: _____

Signature confirming Service: _____

8. Date: _____ Activity: _____ Supervisor: _____

Contact Number of Supervisor: _____ Number of hours completed: _____

Signature confirming Service: _____

9. Date: _____ Activity: _____ Supervisor: _____

Contact Number of Supervisor: _____ Number of hours completed: _____

Signature confirming Service: _____

10. Date: _____ Activity: _____ Supervisor: _____

Contact Number of Supervisor: _____ Number of hours completed: _____

Signature confirming Service: _____