



**SAN JOSE UNIFIED SCHOOL DISTRICT
COMMUNITY SERVICE LEARNING PROGRAM**

**GRADE LEVEL: _____
GRADUATION YEAR 200__**

***PIONEER HIGH SCHOOL*
STUDENT TIME CARD
STUDENT INFORMATION**

Last Name: _____ First Name: _____

Student ID: _____ School: _____

	Date Mn/Dy/Yr	Time In	Time Out	Hours	Agency Name	Agency Phone	Agency Coordinator Signature	Print Coordinator Name
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
				Total Hours	Student's Signature		Approved by Assitant Principal:	

Parent/guardian signature _____ **date** _____

For each day of community service the student should : Complete an entry on the time card above and have it properly signed

When a student has completed a minimum of 10 hours of community service he/ she should: Total the Time Card up and check that the back of form is completed
Before turning in your form, be sure to make a photo copy of it for your own records.

Students may turn in completed forms to their Social Studies teacher or Assistant Principal of Discipline

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STUDENT TIME CARD**

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To be filled out by your community service contact!!!

Name of Agency

Contact Person Signature

Describe student's duties/responsibilities

Name of Agency

Contact Person Signature

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Contact Person Signature

Describe student's duties/responsibilities
