



Community Involvement Program Student Tracking Form

Note to Students and Parents:

- 3 signatures are needed student, parent/guardian and individual responsible for supervising each activity
- Record all dates and hours accumulated at each site.
- Please ensure that this form is kept in a safe location.
- Make a photocopy for your records before handing the original into the Guidance Office.

Student Name: _____

School: _____

Grade: _____ **Year:** _____

**All activities must be done at an approved site. Lists of approved sites/organizations are available in the Main Office, Guidance Office and our website www.dhseagles.com **

Date	Name of Organization	Activity Completed	# of Hours	Signatures
Total Hours				

For Office Use – Do Not Write in the Area Below

Previous Hours: _____ Total: _____

School Official Signature:
