



FRISCO INDEPENDENT SCHOOL DISTRICT

Community Service

Name _____ ID# _____

Date _____ Grade _____

Description of community service performed:

Date(s) of Service: _____ Number of hours: _____

Name of organization or community member served: _____

Name of group or community organization that arranged service project:

Name of supervisor or person who can verify service:

Phone number of supervisor or person who can verify service:

To the best of my knowledge, the above information is correct.

Signature