

Land O' Lakes High School

20325 Gator Lane, Land O' Lakes, FL 34638 (813) 794-9400 • Fax: (813) 794-9491 lolhs.pasco.k12.fl.us Mr. Richard Batchelor, Assistant Principal Mrs. Tracie Beerman, Assistant Principal Mrs. Tisha Doohen, Assistant Principal Mrs. Evette Striblen, Assistant Principal Mrs. Heather Wall, Assistant Principal

Mr. Ric Mellin, Principal

"Land O' Lakes High School graduates emerge prepared for lifelong learning, personal and civic responsibility, global understanding, and respect for the uniqueness of the individual."

## **Community Service Documentation Log**

This form will be returned to student if not completed in its entirety.

| Student Name:                                |                    | Student #: |          |                  |        |                 |                   |
|--|--------------------|------------|----------|------------------|--------|-----------------|-------------------|
| Grade:                                       |                    |            |          |                  |        |                 |                   |
| Organization Name:                           |                    |            |          |                  |        |                 |                   |
| Organization Address                         | s:                 |            |          |                  |        |                 |                   |
| Contact person and p                         |                    |            |          |                  |        |                 |                   |
| Explain your role<br>contributed to you      |                    |            |          |                  |        |                 |                   |
| Dates of Service                             | <u> </u>           | Iours      | Served   | <u> </u>         |        | ture of Adult   |                   |
|  | -                  |            |          |                  |        |                 |                   |
|  | -                  |            |          |                  |        |                 |                   |
| Total Number of Ho                           | ours               |            |          |                  |        |                 |                   |
| **I affirm that all info<br>of my knowledge. | ormation in the ab | ove fo     | rm is ac | curate and fully | refleo | cts my hours of | service to the bo |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:** It is strongly encouraged that a copy of this document is retained for your records.

Student is responsible for turning in this form to room 501 and/or upload documentation here:



https://lolhs.pasco.k12.fl.us/mform/view.php?id=143114

Please allow 2 weeks for hours to be reflected on myStudent, under the "graduation" section.