

THOMAS HEYWARD ACADEMY
Community Service Form
2024/2025 School Year

****Name** _____ **Date** _____ **Grade** _____ **Sheet** ___ of ___ **TOTAL** _____

Date	Name of Organization or Individual	Service Activity	Non-Paid Hours	Verified by: Print Name	Verified by: Sign Name	Phone Number

Please keep a running total (using this sheet) of your community service hours and turn in to your **HOMEROOM / SPONSOR TEACHER ONLY!**
 *This form MUST be turned in to your HOMEROOM TEACHER (Lower & Middle School) or SPONSOR TEACHER (High School) by **May 1**, to be considered for an award at Academic Awards Night.
****This line must be completed even if you attach another type of form.**