

Hastings High School  
1 Mount Hope Blvd.  
Hastings-on-Hudson, NY 10706

## Request for Community Service

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Counselor:** \_\_\_\_\_

**I am requesting to do community service, Period \_\_\_\_\_ in:**  
(Check area that applies)

\_\_\_\_\_ Main Office

\_\_\_\_\_ Guidance Office

\_\_\_\_\_ Nurses Office

\_\_\_\_\_ Technology

\_\_\_\_\_ Library

\_\_\_\_\_ With a Teacher: Teacher's Name \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

1<sup>st</sup> Semester \_\_\_\_\_ 2<sup>nd</sup> Semester \_\_\_\_\_ Both Semester's \_\_\_\_\_

I understand that community service is a privilege and that I am responsible for arriving on time and fulfilling my duties as discussed with my supervisor. If I do not adequately fulfill my responsibilities, I understand that I may not receive credit for Community Service and can receive an "F" on my transcript

**Student's signature** \_\_\_\_\_

**Name of Person Supervising Student** \_\_\_\_\_

**Signature of Person Supervising Student** \_\_\_\_\_

For Clerical Use only:

Date put into student's schedule \_\_\_\_\_