



Required Service Hours Form

Date (including month/day/year)

Please have your student fill out a separate form for service performed for the organization.

To be completed by student:

Name of Student: _____ Grade/Model: _____

Date of Service: _____ Total **HOURS** Spent: _____

Name of organization or person in charge of ministry opportunity:

Phone number of contact person: _____

Describe the opportunity you had to minister:

How did this ministry impact you?

To be completed by parent:

To the best of my knowledge, the service hours listed here conform to Lanier Christian Academy guidelines.

(Parent Signature)