



Shorewood High School
LONG TERM COMMUNITY SERVICE FORM for Summer 2019

Shoreline School District 18560 1st Ave. NE, Shoreline, WA 98155
 Shorewood High School 17300 Fremont Ave. N, Shoreline WA 98133

Student _____

Phone _____ Grad Year _____

Non-Profit Organization _____

Supervisor _____ Title _____ Email _____ Phone _____

IMPORTANT: PARENT/LEGAL GUARDIAN /PARTICIPANT INFORMED CONSENT

Being fully informed and aware of the risks associated with this activity, I hereby give my permission for my son/daughter, _____, to participate in this activity. I release the Shoreline School District and assume any risk inherent in the activity. In addition, I waive the right of recovery or to bring legal action against the Shoreline School District for any injury, death, property damage or other consequences arising out of participation or during the period of this activity. **NOTE:** The district does not require or endorse the actual physical activity the student undergoes to prepare for this project.

Parent/Legal Guardian Signature _____ Date _____ *Parent/Legal Guardian signature reflects knowledge/approval of activities described.*

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
JUN																																	
JUL																																	
AUG																																	
SEPT																																	

Write the number of hours each day in the correct box above.

Service dates ____ / ____ / ____ to ____ / ____ / ____ Total hours _____
Month Day Year Month Day Year

Student Signature _____ Date _____

Parent Signature _____ Date _____

Supervisor Signature _____ Date _____

Student's brief description of service performed:

Shoreline School District Graduation Requirement: 40 community service hours.

Submit to Mrs. Stephens, Career Center, 206.393.6110 marianne.stephens@shorelineschools.org

DUE DATE: 9/20/19 for Summer 2019 Hours.