# Richmond County
# Technical Career Magnet School
# Service Project

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|---|---|
| **Circle current grade 9th 10th 11th 12th** | Circle current grade 6th 7th 8th |

I hereby certify that _____ has participated in a
(Student Name)

community service activity on _____for a total
Date(s) (mm/dd/yy)

of _____ hours.

Service hours can only be authorized by an adult who is directly affiliated with the activity.

## Authorized Adult

Organization or affiliation _____

Print name _____Signature_____

Phone number _____ Email_____

Description and reflection of service performed:

| |
|---|
| |

Student Reflection_____

_____

I acknowledge that these hours meet the guidelines of RCTCM service project and I did not receive payment or a grade for completing these hours.

Student Signature_____ Parent Signature _____

**Mandatory (all students) High School 10 hours per year**

**Middle School 5 hours per year**

Please return to Guidance

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For Office Use Only

**Hours accepted:** _____ **Verified:** _____ **Date:**_____

(Service Project Coordinator Signature)