

**ST. HENRY DISTRICT HIGH SCHOOL
SERVICE VERIFICATION FORM**

NAME _____

QUARTER 1 2 3 4

THEOLOGY TEACHER _____

GRADE 9 10 11 12

AGENCY/ORGANIZATION _____

PURPOSE OF THE ORGANIZATION _____

SUPERVISOR'S SIGNATURE _____

CONTACT NUMBER _____ **AGENCY ADDRESS** _____

HOURS SERVED _____ **SATISFIED WITH PERFORMANCE Y OR N**

STUDENT SERVICE PERFORMACE WAS: **EXCELLENT** **AVERAGE** **POOR**

COMMENTS:

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As the parent/guardian of the above-named student, I have also read the requirements of the Service Program and understand the impact of the program on my students' grade each quarter.

Signature of Parent to verify the service _____

Date _____ Phone Number _____

Thank you for the opportunity for our students to contribute to the community. We may be calling to confirm the items above. If you have any further comments or questions regarding our service program, please feel free to contact us at 859.525.0255 or mkaiser@shdhs.org.

Maureen Kaiser
Service Coordinator