

Holy Angels Religious Education Program

*585 Main Street
South Meriden, CT 06451
(203) 237-8697*

Student Community Service Hours

Student Name: _____

Teacher & Grade: _____

Please be advised that a student of Holy Angels Religious Education Program has completed (Number) _____ hour(s) of community service.

Function performed and date(s) of service:

How does your service demonstrate “Apostolic Works of Mercy?” Reflect and Explain:

Respectfully submitted by:

Student signature

Date

I verify that the above mentioned student participated in the activity as recorded. (Hours will not be approved without validation.)

Name of adult supervising activity (print or type)

Title

Signature of adult supervising activity

Phone number (required)

Date
