



Rosedale Christian Academy

A MINISTRY OF ROSEDALE BAPTIST CHURCH

Service-Learning Hours Form

Name Of Sponsoring Organization/Class _____

Supervisor _____ Phone _____

Student Name _____ Grade _____

Brief description of service project _____

Time Record (Completed by adult project supervisor)

Dates of Service ____ / ____ / ____ to ____ / ____ / ____

Hours Earned _____

Signatures

Signature of Adult Project Supervisor _____

Student _____ Date _____

Parent _____ Date _____

Coordinator Initials _____

Approval Date ____ / ____ / ____

Total Hours Approved _____