

APPENDIX 7 – Part I

ST. MARGARET’S SCHOOL COMMUNITY SERVICE PROGRAM

GRADES 8-12  
APPROVAL APPLICATION

Student Name \_\_\_\_\_

Advisor \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Grade \_\_\_\_\_

**TO THE STUDENT:** To receive credit for Community Service performed outside of SMS, students must obtain prior approval from Mrs. Dickinson, Community Service Coordinator. Please fill out the information below and return to Mrs. Dickinson by mail or fax (804-443-3069) for immediate approval. For credit, hours must be reported within 1 (one) month of service (Summer hours by September 30).

**PLEASE PRINT ALL INFORMATION:**

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Supervisor’s Name \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

**APPROVAL:** This project approved by \_\_\_\_\_

St. Margaret’s Community Service Coordinator

Date \_\_\_\_\_

*Please describe your project in the space provided below.*

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