MARQUETTE CATHOLIC HIGH SCHOOL
Service Learning Program Record Form

Student's Name _____ Date form is being turned in _____

Class: Freshman Sophomore Junior Senior

Homeroom Hour ____ Homeroom Teacher_____

Name of Student's Church & City _____

Date	Start Time	End Time	Total Hrs.	What did you do?	Where?	Supervisor Signature

TO BE FILLED OUT BY CAMPUS MINISTER:
Turn in date(s) _____Verified_____ Total Hours on this sheet_____ FROSH / SOPH / JR / SR

5/16/2011

Date	Start Time	End Time	Total Hrs.	What did you do?	Where?	Supervisor Signature

TO BE FILLED OUT BY CAMPUS MINISTER:
Turn in date(s) _____Verified_____ Total Hours on this sheet_____ FROSH / SOPH / JR / SR

5/16/2011