

COMMUNITY SERVICE PROGRAM  
**STUDENT TIME CARD**

**STUDENT INFORMATION**

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Last Name

First Name (As it appears on Transcript)

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Grads Year

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Students ID#

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Phone

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Address

City

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Zip

Date	Time In	Time Out	Hours	Agency Name	Agency Phone#	Agency Signature
Total Hours:				Student Signature:		

Total Hours in words:

To calculate percentage of hours, round to nearest quarter hour: 15 Minutes=0.25  
 30 minutes=0.5      45 minutes=0.75

**To Be Completed By School Site Coordinator**

Hours approved/School Site Coordinator's Signature:

Milpitas High School

**CONFIRMATION OF COMMUNITY SERVICE PLACEMENT**

Student's LAST NAME FIRST ID Number GRAD YEAR  
(as appears on transcript)

In order to receive credit for a Community Service project, this form is to be completed and approved by Mr. Ribovich **before beginning Community Service.**

Milpitas Public Library  
Community Service Agency Name

[Signature]  
Community Service Agency Supervisor

160 N. Main St.  
Address

Milpitas  
City

95035  
Zip

(408)262-5806  
FAX #

dphillips@sccl.org  
E-Mail Address

408-262-1171 X 3614  
Phone #

Type of work to be performed (be specific)

Math tutoring

**TO BE COMPLETED BY PARENT / GUARDIAN**

My child has my permission to participate in this Community Service Project

Print Parent / Guardian Name

Guardian's Signature

**TO BE COMPLETED BY MHS COMMUNITY SERVICE COORDINATOR**

[Signature]

Approved by: Site Coordinator Mr. John Ribovich