

St. Thomas Aquinas Regional Catholic High School

14520 Voss Drive, Hammond, LA 70401 (985)542-7662

Service Hour Form

Student Name: _____ Grade: _____ Quarter: _____

Site Name: (please PRINT)	Site Supervisor: (Please PRINT)	Supervisor e-mail address/phone number : (Please PRINT)

Date	Start Time	End Time	Total Hours	Supervisor Signature <i>(Each line must be signed by the supervisor for credit)</i>

Description of Service (What did you do? Must be a minimum of one complete sentence.)

Affirmation of Student Integrity (This statement must be signed by the student to receive credit for these service hours):

I affirm that the information provided on this form accurately describes the work I have done. I have not and will not violate the integrity of my or another's academic and spiritual formation by providing any false information or asking or assisting another to do the same. I understand that violations of academic integrity standards will result at the minimum of a grade of zero for the service hour grade for this quarter and possibly other disciplinary action.

On my honor as a student at St. Thomas Aquinas High School,

Student Signature

Date

