



PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

*Student Service  
Verification of Participation \**

To Be Completed by Student:

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Placement Site \_\_\_\_\_

Description of Service Performed \_\_\_\_\_

\_\_\_\_\_

Dates and Hours of Service \_\_\_\_\_

\_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*To Be Completed by Verifying Agent (agency representative/school sponsor, etc.)*

I am pleased to verify that this student has completed the following number of hours toward fulfillment of the thirty-six hour student service requirement for high school graduation.

Name of agency or organization \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Number of Hours of Service \_\_\_\_\_

\_\_\_\_\_  
Verifying Agent - Please Print

\_\_\_\_\_  
Verifying Agent Signature

\* Completed form must be returned by student to Guidance Secretary.

Guidance Secretary returns *yellow* copy to student and forwards *white* copy to school's Data Entry Person.

*To be completed by Data Entry Personnel*

I have entered the hours identified above into IDS.

Name of Data Entry Person \_\_\_\_\_ Date \_\_\_\_\_

Data Entry Personnel Returns *White* Copy to Guidance for Inclusion in Student's Cumulative Record.