

RHP/Renaissance Service Learning Log

*This completed form (with all signatures) must be returned to Mr. Boccuzzi for service hours to be credited.
Completed forms must be received by the end of the trimester to ensure consideration for the Service Learning Honor Roll.*

Student Name: _____

Grade: _____

Student Email: _____

Student Phone: _____

Date	Organization/Event	Hours	Event Supervisor Signature	Event Supervisor Email/Phone

I verify that the information above is truthful and accurate.

Student Signature: _____