SCIENCE PARK HIGH SCHOOL
Guidance Department
260 Norfolk Street
Newark, New Jersey 07103

School and Community Service

School: Science Park High School School Year: _____

Student: _____ ID#: _____

Date; _____/_____/_____ Homeroom: _____

Guidance Counselor: _____

To be completed by school advisor or community agency personnel.

Name of School Activity or Community Agency: _____

Address: _____

City: _____ State: N.J. Zip Code: _____ Phone # ( ) _____

Name of Supervisor/Advisor/Contact Person: _____

Beginning Date of Service: _____/_____/_____ Ending Date of service: _____/_____/_____

Number of Hours Completed: _____

School/Community Agency	Time-In	Time-Out	# of Hours	Signature