

**SVHS Service Hours Credit Slip**

Name of Student: \_\_\_\_\_ ID \_\_\_\_\_

Current grade: \_\_\_\_\_ DATE of event/activity: \_\_\_\_\_

TITLE of event/activity: \_\_\_\_\_

Beginning time: \_\_\_\_\_ Ending time: \_\_\_\_\_ Total hours: \_\_\_\_\_

Supervisor's Name (print): \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Provide a description of exactly what you (the student) did during  
this time. (Use the back of this card if necessary)

\_\_\_\_\_

(Attach any certificates, letters, or other documentation and turn  
this in to Ingraham's room, A174)