KENNESAW MOUNTAIN HIGH SCHOOL SERVICE LEARNING REPORT

Student's Name	Graduating Year 20
Date of Service	Student Number
Total Hours Submittinglown what you did	If there are multiple dates/projects, please break
Brief description of service project(s)	
Sponsor's Name and Affiliation to Activity	
Sponsor's Signature	

	ce Use Only
Accepted *Not Accepted	
*Why Not Accepted	

Keep a copy for your records.

Turn form into room 316 into your class's tray. Email kmhscshours@gmail.com for any questions.