



HERITAGE ACADEMY

Service Learning Work Receipt

Student's Name: _____

Date(s) of Service: _____ Grade: (At time of Service) _____

Number of hours worked: _____

Summary of work performed: _____

Agency or Organization: _____
(Please Print)

Name of Authorized Contact Person: _____
(Please Print)

Signature of Authorized Contact Person: _____

Phone Number of Authorized Contact Person: _____