



NEWARK HIGH SCHOOL
625 PEIRSON AVENUE
NEWARK, NEW YORK 14513
(315) 332-3239 FAX (315) 332-3567
www.newarkcsd.org

THOMAS ROOTE
Principal
Grade 12
315-332-3242

RYAN WAGNER
Assistant Principal
Grades 9-11
315-332-3243

CAPSTONE GRADUATION REQUIREMENT

Community Service Form

STUDENT INFORMATION

Student Name:

Year of Graduation:

COMMUNITY SERVICE INFORMATION

Name of Organization/Event:

Supervisor:

Date of Service:

Phone Number:

Total Number of Hours:

Email Address:

Description of Service Activity: *Explain what you did during this Community Service experience. Be specific.*

HOURS VERIFICATION

I certify that the student named above has performed _____ hours of Community Service without monetary compensation.

Supervisor Signature:

Date:

I certify that the above information regarding Community Service hours is correct.

Parent Signature:

Date:

Student Signature:

Date:

Please return this form to Mrs. Ganter, Ms. Damick or Mrs. Barry (Work Experience Office, Room 149).

Capstone Coordinator Signature:

Date: