



CIRCLE OF INDEPENDENT LEARNING CHARTER SCHOOL

4700 Calaveras Ave. Fremont, CA 94538 510-797-0100 Fax: 510-797-0118

COIL'S COMMUNITY SERVICE LEARNING PROJECT FORM:

*NOTE: Make a copy for your own records

**Multiple dates with the same organization can be put on the same form, multiple organizations require separate forms. Form must be turned in within 1 year of service. **

Legal Student Name: _____ Print

Student Signature: _____ Date _____

ID#: _____ Student Grade: ____ Year of Graduation: _____

Advisory Teacher: _____

Location of Services

Name of Organization _____

Address: _____

Phone #: (____) _____

Name of Supervisor: _____

Job Title and E-mail of Supervisor: _____

Signature of Supervisor: _____ Date: _____

Description of Service Activity: Purpose of Organization and how you contributed (filled out by student)

Dates Worked **:

of Hours:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total: _____ Hours	

*If you earn more than 10 hours, you must attach a letter of confirmation on organization letterhead.

***Note: 20 Hours REQUIRED to GRADUATE for 2023-24 school year**

ORIGINAL FORM MUST BE TURNED IN TO SCHOOL SECRETARY

Office use only: Date Entered in Computer System: _____ By: _____