

SOAR Academy



Community Service Verification Form

Student Name: _____

Grade: _____ Tier Level: _____

Date Photo Sent to Gmail: _____

Date of Service	Start/End Time	# of Hours Served	Please describe what the student did for you while working at your location

SOAR Academy students must provide proof that they performed community service.

If our student has completed service time for you, please provide a name and phone number that SOAR Academy can call to confirm that the above student has completed the community service work described.

Contact Person: _____
(Please Print) (Signature)

Phone # to Call to Verify Service: _____

If you have questions about Community Service, please contact:

Ms. Van Dyke at 843-488-7500 Ext 243214 hvandyke@horrycountyschools.net or

Ms. Fowler Ext 242223 sfowler001@horrycountyschools.net