ARCHBISHOP ALTER HIGH SCHOOL

Student Name_____ Date: _____

Freshman and Sophomore Year Service Hours Documentation

***Please note that hours signed by outside/non-Alter faculty moderators must be submitted with moderator printed name, signature, phone #, and email. If necessary, the email may be attached showing all information stated above.**

FRESHMAN YEAR

SERVICE ACTIVITY	HOURS COMPLETED	FACULTY/MODERATOR SIGNATURE *parent signature will not be accepted

SOPHOMORE YEAR

SERVICE ACTIVITY	HOURS COMPLETED	FACULTY/MODERATOR SIGNATURE *parent signature will not be accepted

ARCHBISHOP ALTER HIGH SCHOOL

Student Name: _____ Date: _____

Freshman and Sophomore Year Extracurricular Involvement Documentation

***Please note that hours signed by outside/non-Alter faculty moderators must be submitted with moderator printed name, signature, phone #, and email. If necessary, the email may be attached showing all information stated above.**

FRESHMAN YEAR

EXTRACURRICULAR ACTIVITY	HOURS COMPLETED	FACULTY/MODERATOR SIGNATURE *parent signature will not be accepted

SOPHOMORE YEAR

EXTRACURRICULAR ACTIVITY	HOURS COMPLETED	FACULTY/MODERATOR SIGNATURE *parent signature will not be accepted