

# CHRISTIAN SERVICE CREDITS

All credits are subject to approval by the Administrator

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Type of service performed:

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Place of service: (circle one)

Church      FCS      Other: \_\_\_\_\_

Dates of services \_\_\_\_\_ Hours of service \_\_\_\_\_

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The above named student has performed the Christian Service credits as outlined above.

\_\_\_\_\_  
Signature of Pastor/Supervisor

\_\_\_\_\_  
Date

Name of Church or Ministry \_\_\_\_\_

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Credits are:    accepted    declined

\_\_\_\_\_  
Signature of Administrator