## COMMUNITY SERVICE VERIFICATION 2023-2024 SCHOOL YEAR

Ι,	(Sur	(Supervisor) verify that	
	(Student's name)		
Consisting of the following a	_(minutes/hours) of Community Service on activity/activities:		
		· · · · · · · · · · · · · · · · · · ·	
Supervisor's Signature			
Advisory Teacher's Signatu	re		