

VICTOR VALLEY CHRISTIAN SCHOOL
SERVICE LEARNING/COMMUNITY SERVICE
ACTION PLAN & APPROVAL FORM

STUDENT INFORMATION:

Name: _____ Current Grade Level: _____

Contact Phone Number or Email Address: _____

SERVICE PLAN:

Name of Organization: _____

Address: _____

Contact Person: _____ Title: _____

Contact Phone Number or Email Address: _____

Dates & Times of Planned Service: _____

Please briefly describe the service to be provided: _____

SIGNATURES: PRE-APPROVAL & SUPPORT:

1st Parent Signature: _____

Date: _____

2nd Agency Contact Signature: _____

Date: _____

3rd Principal (or designee) Signature: _____

Date: _____