

**Jack Britt High School
I.S.T. Academy of Engineering
Service Learning Activity 2016-2017**

Student's Name _____ Grade _____

Description of activity _____

Sponsoring Agent _____

Date Performed _____ Total time spent _____

Name & Title of Supervising Adult _____

Supervisor's Signature

Student's Signature

Return this completed form to Mrs. Humphrey, Academy Director D125 in door pocket.

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