

**Jack Britt High School  
I.S.T. Academy of Engineering  
Service Learning Activity 2017-2018**

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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