

# STUDENT SERVICE LEARNING FORM

PATAPSCO HIGH SCHOOL AND CENTER FOR THE ARTS

8100 Wise Avenue

Baltimore, MD 21222

410-887-7060

Ginger Patron – Coordinator

[vpatron@bcps.org](mailto:vpatron@bcps.org)

Printed full name of student \_\_\_\_\_

Student signature \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom teacher \_\_\_\_\_

Worksite \_\_\_\_\_

Date(s) \_\_\_\_\_

Log attached \_\_\_\_\_ (optional)

(Please include total hours below even if log is attached)

Total Hours \_\_\_\_\_

Brief description of activity:

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Signature of supervisor \_\_\_\_\_

Printed name of supervisor \_\_\_\_\_

Phone number or email for supervisor \_\_\_\_\_