

Name: _____

Date: _____

Msgr. Matthew F. Clarke School
8th Grade Service Project
20 Hours Signature Form

5074 Tower Hill Road, Wakefield, Rhode Island 02879
(401) 789-0860 Fax 789-3164

This letter is to inform Msgr. Clarke School that _____
(Name of Student)

performed a total of _____ hours of community service on/between
the dates of _____. He/She satisfactorily completed all
assigned tasks including:

Signature of Supervising Adult

Date