



PARENT COMMUNITY SERVICE

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SECTION 1 YOUR STUDENT'S INFORMATION

STUDENT'S NAME

Current Grade Level 9th 10th 11th 12th

LAST

FIRST

SECTION 2 COMMUNITY SERVICE RECORD



Parent:

YOUR NAME _____

Reminder: Community Service Hours (CSH) will only be accrued thru volunteering at any Harding Fine Arts Academy event and/or donating items or by making monetary contributions to the school (\$10.00 spent = 1 CSH). Please turn completed form to HFAA Main Office. Thank you for helping us improve and achieve greatness!

COMMUNITY SERVICE RECORD:

Date of Service: _____ Hours of Service: _____

Location of Service: _____

Description of Service: _____

Name of HFAA Rep: _____

Phone # of HFAA Rep: _____

Signature of HFAA Rep: _____

We make a living by what we do, but we make a life by what we give.
~ Winston Churchill