



# Illinois Lutheran High School

Christian Service Report Form

Student Name \_\_\_\_\_

Service Hours Date(s) \_\_\_\_\_

Organization \_\_\_\_\_

Supervisor's Name \_\_\_\_\_  
Please Print

Supervisor's Phone Number \_\_\_\_\_

Description of Student Duties and Responsibilities:

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

\_\_\_\_\_  
Supervisor's Signature



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