



The Learning Choice Academy
2381 Boswell Rd. Ste B Chula Vista, CA 91914

Community Service Confirmation Form

Total number of hours worked _____ Student Name _____

Department or Organization where work was done: _____ Name of Supervisor: _____

Address: _____ Phone: _____

Description of work done: _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary remuneration was paid to _____.
Name of student

Name: _____ Title: _____
Supervisor

Supervisor's Signature Date

Student's Signature Date

Return form to:
Jeff Fechner
Counselor
The Learning Choice Academy
861 Harold Place Suite 301
Chula Vista, CA 91914
counselorr@learningchoice.org