

Eagle's Landing Christian Academy

Middle School Christian Service Record

Student's Name: _____ Grade: _____

Christian Service Performed: _____

Complete Description of Service Performed: _____

Date Service Performed: _____ Hours of Service: _____

I hereby acknowledge that I have successfully completed the services described above.

Student's Signature Date

I hereby acknowledge my son/daughter has successfully completed the services described above.

Parent's Signature Date

I hereby accept the services described above successfully completed by the above named student.

Bible Teacher Signature Date