



LEGACY
CHRISTIAN ACADEMY

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Xenia, OH 45385
legacyknights.org
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COMMUNITY SERVICE REQUIREMENT FORM
9th-12th Grade - 30 hours/year

Student Name: _____ Date: _____

Year of Graduation: _____ School Year to be Applied to: _____

Type _____ of _____ Ministry:
_____ Ministry

Location: _____

Number of Hours: _____

Adult Supervision Signature: _____

Student Comments on Ministry Experience: _____

