



Miami-Dade County Public Schools
Community Service Record for Instructional Materials Obligation

Student Name <i>(last, first, middle)</i>	Student ID #
Student Address <i>(street number, street, apt, city, state, zip code)</i>	Student Telephone Number
Name of Parent/Guardian <i>(please print)</i>	Parent/Guardian Telephone Number
Address of Parent/Guardian <i>if different from student (street number, street, apt, city, state, zip code)</i>	Teacher's Name <i>(please print)</i>

Title of Instructional Material	FSBD # or ISBN	Publisher	Fees
Total Fees Owed by Student			
Amount Paid _____ Date Received _____			
Remaining Fees Owed by Student <i>(once partial amount paid has been deducted)</i>			

Community Service Obligation

Remaining obligation divided by \$10.00 = _____ hours of service to be performed.

Actual service hours performed _____ X \$10.00 = total community service payment.

Community Service Activity

Community Service Verified by _____

Signature of School Staff Print Name Date

Community Service Payment

Total Obligation Balance Due by Student

Yes	No	Was a parent notification letter sent? Date sent _____ Sent by _____
<input type="checkbox"/>	<input type="checkbox"/>	Was student excluded from extracurricular activities? Provide brief explanation _____
<input type="checkbox"/>	<input type="checkbox"/>	Was a parent conference requested? Request date _____