

BALTIMORE LAB SCHOOL

THE DIFFERENCE IS EXTRAORDINARY

2220 St. Paul Street • Baltimore, MD 21218 • 410.261.5500 • Fax 410.366.7680 • www.baltimorelabschool.org

Community Service Verification

To be completed by Student:

Name: RICKY GADDAM Graduation Year: 20
 Signature of Student: _____
 Signature of Parent/Guardian: _____

Student must return completed form to the High School. Photocopies ARE acceptable, as is the same information provided on company letterhead. Form may be faxed to Baltimore Lab School (BLS) at 410-366-7680. Service will not be credited until confirmed by BLS personnel.

To be completed by Verifying Agent (Agency, Representative, etc.):

PATTI CHILD Patti Child
 Verifying Agent's Name (please print) Verifying Agent's Signature

Name of Agency or Organization: BALTIMORE LAB OYSTER GROWERS

Street: 2220 SAINT PAUL ST
 City: BALT State: MD Zip code: 21218

Phone: 410 261 5500 Fax: _____

E-mail: patricia.child@baltimorelabstool.org

Description of Service Performed: _____
Building oyster cages 9/24/2016 •

Dates	# of Hours	Dates	# of Hours
9/24/2016	3		

Date Submitted to BLS Community Service Coordinator: _____
 Confirmed by: E-mail _____ Phone _____ On date: _____

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To be completed by Student:

Name: BRENNA McWILLIAMS Graduation Year: 20
 Signature of Student: _____
 Signature of Parent/Guardian: _____

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To be completed by Student:

Name: JULIAN MENDEZ Graduation Year: 20

Signature of Student: _____

Signature of Parent/Guardian: _____

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To be completed by Student:

Name: CLAY LA VEIST Graduation Year: 20

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Signature of Parent/Guardian: _____

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To be completed by Student:

Name: AMANDA AIST Graduation Year: 20

Signature of Student: _____

Signature of Parent/Guardian: _____

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