

St. John's College High School
2607 Military Road NW Washington, DC 20015
Christian Service Contact: Ms. Rachel Stott rstott@stjohnschs.org

Freshman Christian Service Verification Form

Name: _____ Religion Teacher: _____

In the spirit and image of St. John Baptist de La Salle, I, _____, verify
Student's Name

that I have fulfilled the ten hours of Christian Service required and expected of me. With the guidance and encouragement of _____, we worked to build a unique relationship through
Mentor's Name

the following project: (Please explain below)

Student's Signature

Date

Mentor's Signature

Date

Parent/Guardian Signature

Date