



ARDENNE HIGH SCHOOL - COMMUNITY SERVICE PROGRAMME

10 Ardenne Road, Kingston 10

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AHS/CSP/ASL/2026-2027

Committed to serve as we ...Seek the Best

REGISTRATION FORM

Name: _____

Class: _____ House: _____ Year _____ to _____

Date of Birth (DD/MM/YYYY): _____ Age: _____

Address: _____

Student Contact Information:

▪ Telephone Nos.: _____

▪ Email Address: _____

Name of Parent/Guardian: _____

Parent Contact Information:

▪ Telephone Nos.: _____

▪ Email Address: _____

Medical Information

Allergies:

Medication:

Other:

Sign: Community Service Coordinator

Date: _____

Signature of Student

Date: _____

FOR OFFICIAL USE ONLY

Evaluation Report

Grade	Year	Total Hours Done	Staff Signature	Date
9 ☐	_____	_____	_____	_____
10 ☐	_____	_____	_____	_____
11 ☐	_____	_____	_____	_____
12 ☐	_____	_____	_____	_____
13 ☐	_____	_____	_____	_____