



**ARDENNE HIGH SCHOOL  
COMMUNITY SERVICE PROGRAMME**

10 Ardenne Road, Kingston 10  
Tel: (876) 927-8138 Fax: (876) 927-4784

AHS/CSP/ASL/25-26

**STUDENT TIME CARD**

Name: \_\_\_\_\_

Year \_\_\_\_\_ to \_\_\_\_\_

Class: \_\_\_\_\_

House \_\_\_\_\_

| Date | Activity/Service/Project | Log-in Time | Log-out Time | No. of hours | Supervisor's Signature |
|------|--------------------------|-------------|--------------|--------------|------------------------|
|      |                          |             |              |              |                        |
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|      |                          |             |              |              |                        |

Committed to serve as we ...Seek the Best

**This form should be kept by students and signed by the supervisor at the end of each visit or completion of each task.**