

St. Francis of

Accredited by the NEASC
Commission on
Independent Schools



Assisi School

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Braintree, MA 02184
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www.sfab.org

From the desk of:
Mrs. Dobrev

Saint Francis of Assisi Gr.8 Christian Service Project

Student Name _____ Date _____

This is to certify that he/she has offered at least _____ hours of community service to me or our organization. He/she has not received any compensation from this activity.

Please briefly describe the service in the space provided, be sure to **include dates and times.** (e.g. Oct. 12th 2:00-4:00 P.M.)

Signature _____ Date _____

Title _____