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| NHS Student Activity Form |
| Name: | Grade: |
| Address: | First Hour Teacher: |
| City: State: Zip | Room Number: |

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| Leadership |
| Organization | Dates (From – To)Month, Day, Year | Description of Activity & Responsibilities | Supervisor(Name, Address, Phone) |
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| Service |
| Organization | Dates (From – To)Month, Day, Year | Description of Activity & Responsibilities | Supervisor(Name, Address, Phone) |
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Please return this completed for to Mr. Bice in room 231 by the date listed in the letter you received.