

# PARENT SERVICE PROGRAM

*This verifies that the following hours were completed.*

Student Name: \_\_\_\_\_ Participant's Signature \_\_\_\_\_

1. Event: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Performed: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

2. Event: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Performed: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

3. Event: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Performed: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

4. Event: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Performed: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

*Please record in increments of 1/4 hours example 2.25 hours or 2 1/4 hours*

*Turn into the school office by the 15 & 30<sup>th</sup> of each month. 10 hours are required per family.*

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Activity Performed: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

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Activity Performed: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

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4. Event: \_\_\_\_\_ Date: \_\_\_\_\_

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