

Parent Service Program Reporting Form

This verifies that the following hours were completed. Please record in increments of ¼ hours; example 2.25 hours for 2¼ hours. Must be turned into the school office **monthly** for credit. 10 hours are required per family. Annual service program hours are accrued **May 1st thru April 30st**. Year-to-date summary of reported hours will be communicated to each family on a quarterly basis.

Student Name: _____

(Please print)

Date	Event	Hours	Event supervisor/Teacher initials **

**** Without the initials of who you volunteered for, the hours will not be recorded.**

Thank you for your support!

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