

PARENT SERVICE HOURS 2017-2018

Parent/Guardian	Name:	Campus: Pines	<u>K-8</u>	Service Hour ID:
Student Name: _		Homeroom:		
DATE	EVENT	ACTIVITY PERFORMED	TOTAL HOURS	APPROVAL SIGNATURE
1				
2				
3				
4				
5				
All completedAll forms must bThis form is only	forms MUST be submitted within 3 be properly completed and each to be used for services hours co	service hours performed off campus . 30 days of the completed task for the h event must be signed for by a valic mpleted off-campus. All other servic chool at the end of each grading qu	e hours to be co d/authorized par e hours are track	ty.