

MONTH _____

St. Patrick School Family Service Hours Form

Family Name _____ Phone _____

Student's Name(s) 1. _____	Grade _____
2. _____	Grade _____
3. _____	Grade _____
4. _____	Grade _____

Please enter your service activities and the associated number of hours for each activity. If more room is needed, please use the back of this form or attach a separate sheet of paper.

Completed forms should be returned on a **monthly basis** through the school office to the attention of the SERVICE HOUR COORDINATOR. Please be sure to retain a copy for your records. We ask that you continue to document your service hours even after the 15-hour family requirement is met.

DATE	ACTIVITY	# OF HOURS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

DUE AT THE END OF EACH MONTH