

Parent Service Hours 2019 – 2020

(For Hours Completed Off-Campus Only)

Parent/Guardian Name:				Campus:	Service Hour ID*:
Student Name:				Homeroom:	Grade:
	DATE	EVENT	ACTIVITY PERFORMED	TOTAL HOURS	APPROVAL SIGNATURE
1					
2					
3					
4					
5					
All () All () This	completed fo forms must b s form is only	rms MUST be submitted a to be used for services	ck of all service hours performed off camed within 30 days of the completed task fand each event must be signed for by a version of the completed off-campus. All other s	or the hours to be counted. alid/authorized party.	Raptor.
For Office Use Only: Date Form Received:					