

School Service Hours Form

Family Name:	
Date of Service:	Date of Service:
Location of Service:	Location of Service:
Description of Service Activity:	Description of Service Activity:
Name of Supervising Adult (please print):	Name of Supervising Adult (please print):
Signature of Supervising Adult:	Signature of Supervising Adult:
Phone Number:	Phone Number:
Position:	Position:
Number of Service Hours:	Number of Service Hours:
For Office Use Only	For Office Use Only
Approved by: Date:	Approved by: Date: