



School Service Hours Form

Family Name: _____

Date of Service: _____

Location of Service: _____

Description of Service Activity:

Name of Supervising Adult (please print):

Signature of Supervising Adult:

Phone Number: _____

Position: _____

Number of Service Hours: _____

For Office Use Only

Approved by: _____ Date: _____

Date of Service: _____

Location of Service: _____

Description of Service Activity:

Name of Supervising Adult (please print):

Signature of Supervising Adult:

Phone Number: _____

Position: _____

Number of Service Hours: _____

For Office Use Only

Approved by: _____ Date: _____