

St. Paul Catholic School

Service Hours Completion Form

*After fulfilling 10 service hours, please submit *form(s) to the oldest child's homeroom teacher.*

Oldest Child's Name _____

Oldest Child's Grade: _____

Date of Service Hour Event: _____

Name of Service Hour Event: _____

Start Time: _____ End Time: _____

Total Hours Worked for this Event: _____

Brief description of service hours work performed:

Supervisor of Designated Event: _____

Comments: _____

Thank you for your support of our school.

***Please make additional copies as needed.**