



SMMS

St. Margaret Mary Catholic School

Inspiring Minds, Building Character and Living Faith

PARENT SCHOOL SERVICE HOURS 2018-2019 CHECK OFF SHEET

Student Information:

Last Name _____ First Name _____
Grade _____

Parent Information:

Father's Full Name _____ Cell # _____
Mother's Full Name _____ Cell # _____

<u>Event</u>	<u>Date</u>	<u>Hours Worked</u>	<u>Chairperson's Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Hours Worked		_____	

Please cross (X) out completed hours

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

Parents are responsible for submitting this form after completing their 15- hour Service Commitment.
 Make sure you bring your form to any event you are working.
 All 15 hours for the school year 2018-2019 must be completed and sheet turned in by **May 1, 2019** in order to avoid be being billed **May 2, 2019**.
All hours must be signed by the Event Chariperson
Knotts All School Field Trip is not eligible for service hours.
Parish Fair hours is a separate service commitment and is not eligible toward these 15 service hours.



**2017-2018 SAINT MARGARET MARY SCHOOL
CHRISTIAN SERVICE VERIFICATION FORM**



20 HOURS PER YEAR

7 hours due November 16, 2018

7 hours due March 14, 2019

**6 hours due June 12, 2019 (if you are an 8th grader,
these 6 hours are due May 29, 2019)**

***Christian Service Hours do not 'roll over' from semester to semester.**

PLEASE FILL IN ALL INFORMATION LEGIBLY

Name of Student	
Grade	
Date of Service	
Description of the service-description must be three paragraphs on a separate sheet of paper. Each paragraph must be a minimum of eight sentences. In your description, you must explain:	<ol style="list-style-type: none"> 1. Why you chose this particular service? 2. What specific duties did you perform? 3. How did you and the organization benefit from your service?

SUPERVISOR VERIFICATION

Number of hours served	
Agency Name	
Agency Address	
Agency Phone Number	
Email of the Supervisor	
Name of the Supervisor	
Signature of the Supervisor	
Date Signed	
SMMS Honor Code Statement and Student Signature	On my honor, I attest that the above information is accurate.