

## SERVICE HOURS RECORD

Family Name \_\_\_\_\_  
Child(ren)'s Names and Grades: \_\_\_\_\_

For Trimester 1 2 3 2016-17

**PLEASE TURN THIS FORM INTO THE SCHOOL OFFICE PRIOR TO EACH TRIMESTER ENDING**

**\*First Trimester ends November 22**

**\*Second Trimester ends March 10**

\*Third Trimester ends June 14

**Or you may choose to pay \*\*\$100.00 per trimester per family in lieu of working.**

If you have hours not totaling 10 hours, it is \$10.00 per hour not worked.

Please attach your check with this form so that proper credit will be given.

If you have any questions regarding your service hours, please call us at 360-256-9715

*Thank you and bless you for your sacrificial gift of time!*

\*\*Single parent families owe half the time or cost. 5 hours per trimester or \$50.00 in lieu of working.