

## SERVICE HOURS RECORD

Family Name \_\_\_\_\_

For Trimester 1 2 3 2016-17

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

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Date of Service	# Hours Served	Description of Service
TOTAL HOURS		

**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.**