



St. John Paul II High School

PARENT SERVICE HOUR FORM

“And the king will say to them in reply, ‘Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me.’” (Matt. 25:40)

To be filled out by parent:

Parent Name: _____
Student Name: _____
1. What activity/event did you participate in? _____
2. What organization sponsored this activity/event? _____
3. Dates you participated in this activity/event: ____/____/____
4. Describe your activity/event duties: _____ _____ _____
5. Parent Donation in lieu of service hours: (Description of item (s) donated and Receipt MUST be attached to this form in order to get full credit. Credit is One (1) Service Hour for every \$10.00) _____
TOTAL \$ _____

To be filled out by SJPII Faculty or Staff:

Number of Parent Hours Completed for this project: _____
Printed Name: _____ Signature: _____

For Office Use Only	Date Submitted: ____/____/____	Received By: _____
Verification: ____	Date Received: ____/____/____	Received By: _____
Notes:		

Upon completion: Please put these forms in Laura Okoniewski's box in the front office.