

**Summerville Catholic School
Family Service Hours Report Form
2016-2017**

SCS Family (Last Name): _____
 Child(ren) Name(s): _____
 Homeroom(s): _____
 Volunteer Name: _____
 Phone: _____ Email: _____

For each service activity that you are documenting below, please complete all four sections. A signature by a teacher, staff member or activity coordinator is required in order to receive credit for family service hours. A signature is not required if you signed in at the activity or event. Service hours submitted are subject to verification.

****Hours may ONLY be reported in full hour or half hour increments.**

Date of Service	Type of Service	Teacher/Activity Coordinator	Hours **

TOTAL HOURS: _____

Buy-Out: Number of hours not completed _____ Amount Paid (@ _____ per hour) _____

Send a completed original form to the office at least once each quarter, until your hours are completed. Retain a copy for your records.