# Summerville Catholic School
# Family Service Hours Report Form
## 2019-2020

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 ** |
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**Buy-Out: Number of hours not completed _____ Amount Paid (@ $10.00 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.**