Parent Service Hours Form: 2011-12

Student's Last Name:_____ Parent Name(s):_____

Student(s) attend (please check one or both): ☐ SVDP Elementary School ☐ SVDP High School

Phone:_____ Email:_____

Date	Place / Activity	# Hours
	TOTAL HOURS	

Each St. Vincent family is responsible for tracking their own hours on this form. PFO service hours will be counted only when the time directly benefits the activities or functions of either St. V incent de Paul Elementary School or St. Vincent de Paul High School. When total required hours are completed, please return this form to either school office. Thank you for your time and support.