



ST. MICHAEL SCHOOL

Schererville, Indiana

Family Community Service Hour Form

Parent's Name: _____

Student's Name: _____

Grade: _____ Homeroom Teacher: _____

Name of Organization: _____

Name of Event/Service: _____

Date of Event/Service: _____ Time of Day Worked (i.e. 4-7 PM): _____

Total Number of Hours Worked: _____

Please list specific duties performed:

Name of Event/Service Organizer: _____

(Please Print)

****I verify that the above named parent worked at the listed service event on the date and at the times listed.***

Date: _____

Signature of Event/Service Organizer

****It is highly recommended that you make a copy of the completed form to keep for your records BEFORE turning this form in to school for processing.***

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