



# ST. MICHAEL SCHOOL

Schererville, Indiana

## St. Michael School Events - Family Service Hour Form

*(Required SMS Family Service Hours pertain to SMS Events Only)*

Parent's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Name of SMS Event/Service: \_\_\_\_\_

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

Total Number of Hours Worked: \_\_\_\_\_

Please list specific duties performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of SMS 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 SMS 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.***