## FAMILY PARTNERSHIP HOURS

Student(s) name(s):				Grade(s):
				Grade(s):
				Grade(s):
				Grade(s):
		2024.20		
		2021-20		
Date(s)	# of hours	Job Desc	ription	Name of volunteer
*If hours sub	mitted are for 'Double Hou	r' opportunities, please	list actual time worked as we	ll (i.e. 1:30 PM- 3:30 PM)*
TOTAL HOU	RS:			
Signature:			Date:	
ensure proper child (10 hours	credit. Hours will be r s for preschoolers) is re	recorded in our reco equired annually, wi	MONTH (do not wait un ords. As a kindly remind ith a maximum of 30 rec credited for the current	er, 20 hours for one quired partnership hours
	You ma	ly submit hours by a	ny of the following:	
FastDirect message to Mrs. Meyer				
		nail, <u>kmeyer@stpau</u>		
	•	er copy in the drop	box in the lobby	
For Office Use		Devi	Carrolated	
Date entered:		By:	Completed Par	tnership Hours: