Work Hours Record Form 2025-2026

Keep this form until 15 hours are completed.

Parents Name(s): _____

Child(ren)'s Name(s): _____ _____ _____

Teacher's Name(s): _____ _____ _____

Date	Event	# of Hours	**Approved by:** (Teachers, Board Members, Parent Club officers, or Administration).

Upon completion of hours, please turn this form into the office and your account will be credited.

Note: <u>This form must be received in the office no later than July 24, 2026</u>

Date Credited: _____

By: _____