Work Hours Record Form 2026-2027

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: This form must be received in the office no later than July 23, 2027

Date Credited: _____

By: _____