

**Summerville Catholic School**  
**Family Service Hours Report Form**  
**2016-2017**

SCS Family (Last Name): \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Homeroom(s): \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For each service activity that you are documenting below, please complete all four sections. A signature by a teacher, staff member or activity coordinator is required in order to receive credit for family service hours. A signature is not required if you signed in at the activity or event. Service hours submitted are subject to verification.

**\*\*Hours may ONLY be reported in full hour or half hour increments.**

Date of Service	Type of Service	Teacher/Activity Coordinator	Hours **

Buy-Out: Number of hours not completed \_\_\_\_\_ Amount Paid (@ \$10.00 per hour) \_\_\_\_\_

Send a completed original form to the office at least once each quarter, until your hours are completed.  
Retain a copy for your records.