



**ELIZABETH SETON HIGH SCHOOL**  
**PARENT SERVICE HOURS**  
For School Year 2016-2017

(Please complete all information below)

Name of Student: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Name of Parent (please print legibly) \_\_\_\_\_

Event: \_\_\_\_\_

Date of Service: \_\_\_\_\_ No. of Hours: \_\_\_\_\_

**Service(s) Performed:**

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Name of Chairperson: \_\_\_\_\_

Signature of Chairperson: \_\_\_\_\_

Date Signed: \_\_\_\_\_