

PARENT PARTICIPATION VERIFICATION FORM

STUDENT'S NAME _____ GRADE _____

DATE OF SERVICE _____

DESCRIPTION OF SERVICE _____

TIME OF SERVICE: FROM: _____ TO: _____

TOTAL HOURS: _____

PARENT SIGNATURE: _____

ADMINISTRATOR/FACULTY APPROVAL

I hereby verify that the service hours were completed as described above.

SIGNATURE _____ DATE _____

Please return this form to school office