

Garces Memorial High School Parent Service Involvement Form

Please Print Clearly

Parent Name: _____ Contact #: _____
Last Name First Name

Email Address: _____

Student's Name: _____ Class of: _____
Last Name First Name

Agency Served: _____ Date of Service: _____

Service Description: _____

Supervisor's Name: _____ TOTAL HOURS SERVED _____

Supervisor's Signature _____ Contact # _____

Donations & hours are assessed at \$15/hr. **Hours will be recorded when the form is completed and turned into the front office. All PSI hours due by MARCH 31ST, 2017.**

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