

31st				
Department:	Phone #:	Parent's Name(s):	Student's Name(s):	
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□ ES				
O MS	Grade(s):			
O HS				

☐ 20 hours required of ALL families ☐ 10 hours required if single/ deployed parent									DATE START Time	<i></i>	VACAVILLE CHRISTIAN SCHOOLS		1
ALL familie single/ deplo									END Time	DUE DATE:			Vaca
es oyed parent									ACTIVITY	DUE DATE: Non-Returning May 15th Returning July 31st	Hearts in Service Form	2017-2018 School Year	Vacaville Christian Schools
Obtain appropriate staff or teacher verification prior to submitting this form to the Business Office.		i.	į		:				FOR WHOM Staff/Teacher	Department:	Parent's Name(s):  Phone #:	Student's Name(s):	
Date I Recon Fee R	Total					:			A St	aa D			
Business Office Use Only: Staff Initial: Parent Copy:	Total Hours (Sheet)	260					ļ		APPROVAL Staff/Teacher	DES DMS	Grade(c):		
73									TOTAL HOURS	SHD			