



ELIZABETH SETON HIGH SCHOOL
PARENT SERVICE HOURS
For School Year 2015-2016

(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:

Name of Chairperson: _____

Signature of Chairperson: _____

Date Signed: _____