



Elizabeth Seton High School
ELIZABETH SETON HIGH SCHOOL
PARENT SERVICE HOURS
School Year 2018-2019

Please complete all information below:

Name of Student: _____

Student ID #: _____

Name of Parent (please print legibly): _____

Event: _____

Date of Service: _____ Number of hours: _____

Service(s) Performed:

Name of Chairperson: _____

Signature of Chairperson: _____

Date Signed: _____