

SAINT PATRICK SCHOOL SERVICE HOURS DOCUMENTATION

Name: _____ Grade: _____

Service Category: (check one) _____ School _____ Church _____ Community

Service Description: _____

Date of Service: _____ Time: _____ Hours Served: _____

Moderator: (print name, sign name, and phone number)

Service Reflection: _____

Student Signature: _____ Date: _____

Teacher Signature: _____ Accumulated Total Hours Served: _____

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