

# Saint Francis International School

## Obligatory Service Hours Form 2024-2025

\_\_\_\_\_  
Parent/Family (print)

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Student's Grade and Room Number

Description of \_\_\_\_\_  
\_\_\_\_\_

Work Completed \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Work Completed

\_\_\_\_\_  
# of Hours

\_\_\_\_\_  
Activity Chair Print

\_\_\_\_\_  
Signature

- .
1. Please complete ALL sections of this form
  2. Have the Activity Chair sign the completed form
  3. Submit the signed form to the school office

\_\_\_\_\_  
Office Approval

\_\_\_\_\_  
Date

