2017 -2018 FAMILY SERVICE LOG

Please return this form to the Main Office by April 16, 2018

Family Name: _____ Email:_____

Student Name: _____ Circle One: ’21[FR] ’20[SO] ’19[JR] ’18[SR]

Student Name: _____ Circle One: ’21[FR] ’20[SO] ’19[JR] ’18[SR]

Preferred Phone Number: _____ ☐ Home ☐ Cell ☐ Work

Additional Phone Number: _____ ☐ Home ☐ Cell ☐ Work

DATE	EVENT	TASK DESCRIPTION	NUMBER OF HOURS	SUPERVISOR INITIALS
	FINAL DEADLINE April 16, 2018			
	TOTAL			

OFFICE USE ONLY

COMPLETION VERIFICATION

DATE RECEIVED

DATE POSTED

Please Remember that 20 HOURS are REQUIRED Per FAMILY

Thank you for supporting Notre Dame High School