



WALTHER CHRISTIAN ACADEMY
PARENT SERVICE HOURS FORM

(PLEASE PRINT CLEARLY)

STUDENT'S NAME _____ GRADE _____

DATE OF SERVICE _____

DESCRIPTION OF SERVICE _____

TIME OF SERVICE: FROM _____ TO _____ TOTAL HOURS _____

PARENT/STUDENT CONFIRMATION OF HOURS

I HEREBY VERIFY THAT THE SERVICE HOURS WERE COMPLETED AS DESCRIBED ABOVE.

STUDENT SIGNATURE _____

PARENT SIGNATURE _____

ADMINISTRATOR/BOARD MEMBER APPROVAL

SIGNATURE _____ DATE _____

I HEREBY VERIFY THAT THE SERVICE HOURS WERE COMPLETED AS DESCRIBED ABOVE.

TEAMWORK MAKES THE DREAM WORK!!