INDIVIDUAL CHRISTIAN SERVICE HOURS FORM

5 hours required for each 9 weeks period

STUDENT NAME: _____ **GRADE:** _____

Quarter/Year_____ **PARISH/CHURCH** _____

Date of Service mm/dd/yyyy	Total # of Hours (to the closest 15 min.)	Place of Service/ Type of Service Brief Description	Name of Supervisor/Signature and Phone (parent's signature not valid)