**RECORD OF SERVICE HOURS**
**2020-2021**

NAME OF PARENT(S) _____

NAME(S) OF STUDENT(S) _____

**EACH FAMILY IS REQUIRED TO PROVIDE 20 SERVICE HOURS**

| SERVICE RENDERED (Work Day, Concessions, Santa Store, etc.) | NUMBER OF HOURS |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| TOTAL NUMBER OF HOURS COMPLETED | _____ |

☐ I have completed my service hours for the 2020-2021 school year as indicated above.

☐ I have opted to pay the $200.00 assessment in lieu of submitting service hours and have already paid for the year.

☐ I have opted to pay the $200.00 assessment in lieu of submitting service hours. Please find my payment of $200.00 attached.

☐ I have completed a portion of my service hours to the school (listed above) and have attached a partial payment in the amount of $10.00 per hour to cover the remaining hours.