ELIZABETH SETON HIGH SCHOOL
PARENT SERVICE HOURS FORM
School Year 2021-2022

Please complete all information below:

Name of Student: __________________________________________________

Student ID # _____________________

Name of Parent (please print legibly) ____________________________________

Event: ____________________________________________________________________

Date of Service:__________________________ Number of hours: _____________

Service(s) Performed:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Name of Chairperson: _________________________________

Signature of Chairperson: ______________________________

Date Signed: _________________________________________