

| 20 Volunteer Hours are required per family. I | Please fill this slip out completely and then return it to the | e school office or teacher for authorization and cre |
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| Date of Volunteer Service: | | |
| Student First Name: | Student Last Name: | Grade: |
| Parent First Name: | Parent Last Name | e: |
| Service: | | |
| Time credited (rounded to the ne | earest ½ hour) Authorized | 1: |
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