

# **Saint Francis International School**

## **Obligatory Service Hours Form 2026-2027**

\_\_\_\_\_  
Parent/Family (print)

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Student's Grade and Room Number

Description of \_\_\_\_\_

Work Completed \_\_\_\_\_

\_\_\_\_\_  
Date Work Completed

\_\_\_\_\_  
# of Hours

\_\_\_\_\_  
Activity Chair Print

\_\_\_\_\_  
Signature

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1. Please complete ALL sections of this form
2. Have the Activity Chair sign the completed form
3. Submit the signed form to the school office

\_\_\_\_\_  
Office Approval

\_\_\_\_\_  
Date

