

JOHN PAUL II CATHOLIC SCHOOL

CHRISTIAN SERVICE HOURS

STUDENT NAME:

GRADE LEVEL:

RELIGION TEACHER:

DATE OF SERVICE	DESCRIPTION OF SERVICE PERFORMED	WHERE SERVICE WAS PERFORMED (HOME, CHURCH, AGENCY OR INSTITUTION NAME)	NUMBER OF HOURS	SIGNATURE OF SUPERVISOR

(CIRCLE ONE) SUMMER FALL SPRING YEAR: 20____ TOTAL HOURS (BOTH SIDES): _____

