HOLY TRINITY SCHOOL
ASSISTANCE PROGRAM TIME SHEET

MONTH OF: _____ DUE DATE: _____

FAMILY NAME: _____

PHONE NO: _____COMMUNICATOR NO: _____

Date	Type of Assistance Performed (be specific)	Number of Hours

Parent Signature: _____ **Total Hours** _____

Comments: _____

_____

Assistance Program Fee: The fee is $20 for each hour under 40 hours not recorded and therefore not considered completed. Any of the remaining 40 hours not completed, will be billed no later than May 15, and payment will be due by May 31. Monthly assistance logs are due by published due dates and will not be accepted late.