

FORMS MUST BE SUBMITTED BY APRIL 30TH

Catholic Central High School

Academic Letter Form Service Hours Record Sheet

Name: _____

Grade _____ Page ____ of ____

School Service – 10 hours required

Date	Description of Activity	Time worked	Total hrs.	Verification (signature and phone no.)

Parish Service – 10 hours required

Date	Description of Activity	Time worked	Total hrs.	Verification (signature and phone no.)

FORMS MUST BE SUBMITTED BY APRIL 30TH

