



St. Louise de Marillac School  
**Junior High Service Hours**

Student Name: \_\_\_\_\_

Homeroom teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Please describe the work that was performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When was this service performed? (please give the day, date and time of day)

\_\_\_\_\_  
\_\_\_\_\_

Number of hours completed: \_\_\_\_\_

Signature of contact person: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_