# City of Pembroke Pines Charter Schools

## SERVICE RECORD

PARENT NAME _____

STUDENT NAME _____ GRADE___TEACHER_____
LAST FIRST

NAMES OF SIBLIGS ATTENTING PPCS:

| | GRADE | TEACHER |
|---|---|---|
| 1. _____ | _____ | _____ |
| 2._____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

| VOLUNTEER TASK: | HOURS COMPLETED | DATE COMPLETED | TEACHER/ADMIN APPROVAL | PRINTED NAME |
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☐ TOTAL HOURS

**HOURS COMPLETED AT:**

- ☐ ELEMENTARY EAST
- ☐ ELEMENTARY CENTRAL
- ☐ ELEMENTARY WEST
- ☐ PP/FSU ELEMENTARY
- ☐ MIDDLE CENTRAL
- ☐ MIDDLE WEST
- ☐ HIGH SCHOOL

_____ _____ _____

PARENT SIGNATURE ADMIN/COMMITTEE CHAIR/PTA DATE

*** Each family must complete a total of 30 hours per school year.**
**All volunteer must be completed by the deadline date.**

WHITE: SCHOOL YELLOW: PARENT