City of Pembroke Pines Charter Schools

SERVICE RECORD

PARENT NAME _____

STUDENT NAME _____ GRADE___TEACHER_____
LAST FIRST

NAMES OF SIBLINGS ATTENTING PPCS:

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

VOLUNTEER TASK:

	HOURS COMPLETED	DATE COMPLETED	TEACHER/ADMIN APPROVAL	PRINTED NAME

☐ 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