

ST. JOSEPH CATHOLIC SCHOOL

SERVICE HOUR FORM

Student Name: _____ Grade: _____

Project Name & Address: _____

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Date(s) of Project: _____ / _____ Time(s) of Project: _____

Project Description: _____

_____ Hour(s) Earned _____

Project Supervisor Signature & Phone #: _____

School Representative Approval _____ Date _____

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