

**OUR LADY OF GOOD COUNSEL SCHOOL
PARENT WORK PROGRAM TRACKING SHEET**

FAMILY NAME: _____ SCHOOL YEAR: _____

Use this sheet to record ten (10) participation hours, then turn it into the office and start another sheet. Please ensure that each entry is verified and signed by the authorized coordinator or supervisor. Each family is responsible for the full thirty (30) hours.

DATE	TIME WORKED (FROM – TO)	TOTAL HOURS	TYPE OF WORK DONE	COORDINATOR/ SUPERVISOR'S NAME (PLEASE PRINT) _____	COORDINATOR/ SUPERVISOR'S SIGNATURE

DATE SUBMITTED: _____ PARENT'S SIGNATURE: _____ PHONE NUMBER: _____ PLEASE

CHECK IF YOU REQUIRE ANOTHER RECORD SHEET: YES _____ NO _____ (30 HOURS NOW COMPLETE)