

## PARENT HOUR REPORT FORM

Parent Name: \_\_\_\_\_ Month Reported: \_\_\_\_\_

Student(s) Name(s) \_\_\_\_\_

| EVENT/AREA | TASK PERFORMED         | HOURS |
|------------|------------------------|-------|
|            |                        |       |
|            |                        |       |
|            |                        |       |
|            |                        |       |
|            | Total Hours This Month |       |

Mercy Catholic High School, 233 Riverside Way, Red Bluff, CA 96080 (530) 527-8313  
 Turn in Report Form to the Mercy office by the 5<sup>th</sup> of each month. For the month of May only, turn in Report Form by the Tuesday following Graduation Night.

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