

Garces Memorial High School Parent Service Involvement Form

Please Print Clearly

Parent Name: _____ Contact #: _____
Last Name First Name

Email Address: _____

Student's Name: _____ Class of: _____
Last Name First Name

Garces Program Served: _____ Date of Service: _____

Service Description: _____

Supervisor's Name: _____ TOTAL HOURS SERVED _____

Supervisor's Signature _____ Contact # _____

Donations & hours are assessed at \$15/hr. **Hours will be recorded when the form is completed and turned into the front office. All PSI hours are due by MARCH 15th, 2018. Any hours after the deadline can be applied to the next academic year.**

Contact Director of Community Affairs for an accounting of your hours. tabbott@garces.org or 327-2578, ext. 118.