

**St. Luke Catholic Elementary School
Parent Participation Program**

Please make sure to obtain the proper authorized signature

Oldest St. Luke Student's Name: _____ **Grade:** _____

Volunteer's Name: _____ **Relation:** _____

Date of Service: _____ **Hours Worked:** _____

Service Provided: _____ (circle) **Parish or School**

Volunteer Signature: _____

Authorized Signature: _____ **Date:** _____

This form **MUST** be turned in within one week after Date of Service!

(Office use only – entered _____)

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