ST. MICHAEL CATHOLIC SCHOOL

"FAIR SHARE" HOURS PROGRAM • QUARTERLY PROGRESS

Please indicate how you and/or your family member(s) have met your required service hours.

Note: Please document below how you have met your service requirement, or attach a check made out to St. Michael Catholic School for $90 and write "opt-out" in the memo line. Remit check with this form.

This service-to-school agreement is required of all registered families

How My Family Met Our Fair Share Obligation This Quarter:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TOTAL HOURS SERVED: _____

IMPORTANT: List all service hours performed even if you have met your required hours.

Parent/Guardian _____ _____
(Please print AND sign name)

Name of Student(s) and Grade(s) (Please print)

_____

_____

_____

_____

Date_____

Please check appropriate box:

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter

☐ Selecting to pay "opt-out" fee of $90 per quarter
(Check MUST accompany this form payable to St. Michael Catholic School)

If the school office has any questions we will contact you before processing the above documented hours. Thank you.

For Office Use Only: Information verified:_____
(Initial and Date)

Revised: 11/8/2011