"FAIR SHARE" HOURS PROGRAM • QUARTERLY PROGRESS

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

Note: To achieve exempt status you should have obtained the Pastor's approval before submitting this quarterly statement to the Volunteer Coordinator. Please see our Pastor if you were unable to meet your service requirement, or attach a check made out to St. Michael Catholic School PTO for $65 and write "opt-out" fund in the subject line. Remit check with this form.

Before report cards are issued you must reconcile any outstanding hours or monetary contributions. Even if you are exempt, you MUST FILL OUT THIS SHEET and return it to the volunteer coordinator by _____(date).

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

_____
_____

Date_____

Please check appropriate box:

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

Please check if applies:

☐ I am exempt from this quarter's service hours because:

Please check appropriate box:

☐ Served as _____officer for academic year _____.

☐ Selecting to pay "opt-out" fee of $65 per quarter.
(Check MUST accompany this form.)

☐ Pastor has approved my exempt status.

_____
(Pastor's signature and date)

☐ Other:

For Office Use Only: Information verified:_____