

Zion Lutheran School
Parent Participation Program
Recording Form



PLEASE PRINT:

Today's Date: _____

The family _____ of _____
Name of Parent/Volunteer First and Last Name of Student(s)

has completed _____ hours of support for Zion Lutheran School. I helped at
(Number of Hours)

the _____ event on _____
Name of Event or Activity Date of Event or Activity

Family Representative Signature

Staff or Event Chairperson Signature

FORM MUST BE SUBMITTED NO LATER THAN 1 WEEK FOLLOWING THE EVENT IN ORDER TO RECEIVE CREDIT

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