ZION FAMILY PARTNERSHIP HOURS Zion Lutheran School—Beecher, IL

Student(s) Names:			C 1-	
			Grade	::
			Grade	::
	water the second at the content of t		Grade	::
Activity Date(s)	# of hours	Activity Des	cription	Name of Volunteer
	AND			
TOTAL OF ABOV	E HOURS SUB	MITTED:		
	**Once 2010	r family partnersh	ip hours have been j	fulfilled
famili				her school family.**
# of	above worked h	ours to be DONAT	ГЕD:	
:				
To V	Whom?			
Parent/Guardian Si	gnature:			
Date:				
Please return this time! As a kindly	form to the box reminder, 15 hou hool and ½ day l	marked PTL in ir	the school office to	ensure proper credit for your rdless of # of children enrolled edit for the school year, all forms
			a e-mail instead of powing information:	paper form, please send an email
	Name and Grad		owing information.	
b) Activity	Date and Descr	ription		
c) Name od) # of hou	of working Volur ars	nteer		
		For PTL \	Use Only:	
Date entered:		By:	Total Comple	eted Partnership Hours: