

## Vacaville Christian Schools 2014-2015 School Year

Hearts in Service Form

| Student's Name(s): |   |    |      |          |     |  |
|--------------------|---|----|------|----------|-----|--|
| Parent's Name(s):  |   |    |      |          |     |  |
| Phone #:           | ( | )  |      | Grade(s) | •   |  |
| Department:        |   | EE | □ ES | _ □ MS   | □HS |  |
|                    |   |    |      |          |     |  |

DUE DATE: Non-Returning May 15th Returning July 31st

|      |               |             |          | <u> </u>               |                           |                |
|------|---------------|-------------|----------|------------------------|---------------------------|----------------|
| DATE | START<br>Time | END<br>Time | ACTIVITY | FOR WHOM Stay 1 eacher | APPROVAL<br>Staff/Teacher | TOTAL<br>HOURS |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             |          |                        |                           |                |
|      |               |             | -        |                        | Total Hours (Sheet)       |                |

| <b>20</b> hours required of ALL families     |    |
|--|----|
| ☐ 10 hours required if single/ deployed pare | nt |

Obtain appropriate staff or teacher verification prior to submitting this form to the Business Office.

| <b>Business Office Use Only:</b> |               |                |  |  |  |
|----------------------------------|---------------|----------------|--|--|--|
| Date Rec'd:                      |               | Staff Initial: |  |  |  |
| Recorded:                        |               | Parent Copy:   |  |  |  |
| Fee Removed I                    | From Billing: |                |  |  |  |
|                                  |               |                |  |  |  |