



Doris Todd Memorial Christian School
 Tuition Assistance
 2011-2012

Report of Volunteer Hours

PLEASE PRINT

PARENT INFORMATION

Name _____

Phone # _____

STUDENT INFORMATION

Name(s) _____ Grade(s) _____

Quarter you are submitting this for:

- Aug – Oct. *report due by November 1*
- Nov – Jan *report due by February 1*
- Feb – March *report due by April 1*
- April – May *report due by May 31*

Volunteer Hours

ACTIVITY/PROJECT	DATE (mm/dd/yy)	# of hours	Relationship to Student

Parent Certification and Authorization

I certify that the information provided herein is complete and correct to the best of my knowledge.

 Signature of Parent/Legal Guardian

 Date

Received by DTMCS _____ (date)