

**TRINITY HIGH SCHOOL
SERVICE HOUR FORM
PRE-APPROVAL
(For 10 or more hours)**



STUDENT'S NAME: _____ ACADEMIC YEAR: _____

STUDENT'S PARISH: _____ GRADUATION YEAR: _____

Who will benefit from your service? Please check the one that is most accurate:

Service to Trinity

Theology Class Service Project

Service to Parish

Service to community or agency

Where will you perform the service?

In the space below, briefly describe the service you will perform:

Date(s) of the service: _____

How many total hours will you perform this service? _____

Number of hours approved: _____

Signature of Director of Service Learning

