

ST. PAUL CATHOLIC SCHOOL

# **HOPE HOURS FORM**

Please submit to the office upon completion of each event

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Student's First & Last Name

Grade

*Envelope #*

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Parent's Name(s)

Date

Name of Activity

# of Hours

**Chairperson  
Signature**

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**REQUIREMENTS: 25 Support Hours Per Family**

All parent HOPE hours or payments (\$15 for any unfulfilled hour) must be turned into the office no later than *May 15<sup>th</sup> of the current school year.*