

Service Hour Waiver

PLEASE PRINT

Family Name _____

Student(s) _____ Gr _____

_____ Gr _____

_____ Gr _____

_____ Gr _____

Number of hours requested to be waived - _____

Explanation of why a service hour waiver is needed and/or extenuating circumstances –

If necessary, Fr. Jeff will contact you to set up a meeting.

Phone _____

Email _____

Signature

Date