

MARQUETTE ACADEMY FACTS HOURS

Family Name: _____

Student Name: _____

Date: _____

Brief Description of project: _____

Start Time: _____ am/pm **End Time:** _____ am/pm
circle one circle one

Total hours worked: _____

Confirmed by: _____

Signature of Marquette Academy Employee

*For accurate recording, it is **extremely** important that all completed forms be placed in Mrs. Roberson's or Tenut's mailbox in the main office at the high school. Completed forms may also be left with Mrs. Mann at the elementary campus she will see that I get them. **Any family member can work.***

Your comments are welcomed: _____

_____ Thank you.

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