

**St. Vincent de Paul Catholic School  
2011 – 2012  
PIP MONTHLY SERVICE HOURS**

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**Name of oldest child**

**Grade of oldest child**

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**Month**

**Total Hours for the month**

Itemized activities: \_\_\_\_\_

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Please return this form to the school office by the 15<sup>th</sup> of the month. If you have any question, please indicate an evening/weekend telephone number.

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