FORDHAM PREPARATORY SCHOOL
CHRISTIAN SERVICE PROGRAM
Attendance Sheet

Contact: Mr. Paul Homer
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Student's Name:_____

Student's Home Phone Number:_____

Service Teacher:_____ **Period:**_____

Agency:_____ **Phone Number:**_____

Agency Supervisor:_____

Date	Time In	Sign In	Time Out	Sign Out	Hours	Supervisor's Signature

Date	Time In	Sign In	Time Out	Sign Out	Hours	Supervisor's Initials