

Bishop Montgomery High School

PARENT-SCHOOL INVOLVEMENT

2009-2010 (PSI) CHECK-OFF SHEET

1st Semester

Student Information

Last Name _____ First Name _____ Grade _____

Parent Information

Father's Full Name _____ Wk# () _____

Address _____ Hm# () _____

Mother's Full Name _____ Wk# () _____

Address _____ Hm# () _____

| EVENT | Date | Hours Wkd | Chairperson's Signature |
|-------|-------|-----------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TOTAL HOURS _____

* Please cross (X) out completed hours, MAXIMUM of 10 hours per sheet*

| | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 hr | 2 hrs | 3 hrs | 4 hr s | 5 hrs | 6 hrs | 7 hrs | 8 hrs | 9 hrs | 10 hrs |

Each family is responsible for turning in the PSI credit form themselves. Please do not assume the chairperson will be responsible for handing in the hours.

Return your completed form to the BMHS tuition office as soon as 10 hours have been completed. Partial credit cannot be applied.

Credit will be given by TEN-hour increments only (a total of 20 hours for the school year). All credit for hours worked during the 09-10 school year must be turned in during the 09-10 school year. No credit will be carried over to the following school year.

PARENT SIGNATURE _____ DATE _____