

# Bishop Montgomery High School

## PARENT-SCHOOL INVOLVEMENT

### 2009-2010 (PSI) CHECK-OFF SHEET

## 2<sup>nd</sup> 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 hrs	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 payment 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 \_\_\_\_\_