



**St. Vincent de Paul Parish School
PIP (Parent Involvement Program)
MONTHLY SERVICE HOURS**

Name of Oldest Child: _____

Grade of oldest child: _____

Month(s): _____

Total Hours Served: _____

Itemized activities: _____

Please either send an email describing your volunteer hours to PIP@stvincents-school.org or print this form and return it to the school office.