HOLY TRINITY SCHOOL
ASSISTANCE PROGRAM TIME SHEET
2022/2023 SCHOOL YEAR

MONTH OF: Summer DUE DATE: Tuesday, Sept 5, 2023

FAMILY NAME: _____

PHONE NO: _____ COMMUNICATOR NO: _____

DATE	Type of Assistance Performed (be specific)	Time Expended
	Total Hours	0

Parent Signature: _____

Approved for recording by Marsha Martinez *marshamartinez3939@gmail.com*
_____ Yes _____ No – *Return to Family*

Late Assistance Sheets will not be Accepted