



HOLY TRINITY SCHOOL
 ASSISTANCE PROGRAM TIME
 SHEET 2024/2025 SCHOOL YEAR

MONTH OF: _____ DUE DATE: _____

FAMILY NAME: _____

PHONE NO: _____ COMMUNICATOR NO: _____

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

Parent Signature: _____

Approved for recording by Marsha Martinez marshamartinez3939@gmail.com

_____ Yes _____ No – Return to Family

Late Assistance Sheets will not be Accepted