



Beaconhills College

PARENTAL ASSISTANCE PROGRAM 2017

Record of Participation Form

Family Name: _____ ID Number: _____

Home Address: _____ Phone no: _____

Participation date	Activity Completed or Goods and Services donated	Number of Hours worked	Staff/Supervisor Name	Staff/Supervisor Signature	Date of Staff Sign-off *

Parent Signature: _____ Date: _____

COMPLETED & SIGNED FORMS TO BE RETURNED DIRECTLY TO:

BERWICK OR PAKENHAM RECEPTION ONLY

Via Post: 30-34 Toomuc Valley Road, Pakenham 3810

Email: enquiries@beaconhills.vic.edu.au

FORMS MUST BE RETURNED BY 31ST OCTOBER 2017

(Forms received after this date will not be accepted.)

Note: There are limited spaces available for Working Bees so it is advised that you do not leave your booking to the last minute.