

Student & Family Work Credit

School Year _____

STUDENTS ONLY

Date	Circle One	Student or <u>Family Name</u>	Hours/Minutes	Work Accomplished	Supervisor's Initials
	SWC FWC		Hrs. Min.		
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***ALL SLIPS MUST BE TURNED IN BY THE STUDENT/PARENT WITHIN 2 WEEKS OF THE WORK PERFORMED**

When working for FWC, put the FAMILY name for which you are working. Drop boxes are located: Near Mrs. Crisp's desk (El.) and Front Lobby of Jr./Sr. High Building

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