



**School**

Principal: Mrs. Camille Straub  
 2023 Arkansas  
 Wichita, KS 67203  
 Phone: (316) 262-4071  
 Fax: (316) 262-6217

**Parish**

Pastor: Rev. James Weldon  
 2007 Arkansas  
 Wichita, KS 67203  
 Phone: (316) 262-4683  
 Fax: (316) 262-0051

**Mission**

*St. Patrick Catholic School unites with parishes and families in forming faith-filled Christian leaders through Catholic Stewardship, academic achievement, and a celebration of cultural diversity.*

**Stewardship Program  
 Accountability Form**

Grade	K	1st	2nd	3rd	4th	5th	6th	7th	8th
# of Hours	1/2	1	2	3	4	5	6	7	8

Examples of service projects can be: weeding the flower beds, picking up trash after Mass inside Church and on parish or school grounds, help with the Lord's Pantry, polish church pews, help with parish picnic, school events, monthly parish & school clean-up, ect.

CLASS: Please indicate with a check mark the grade level of student:

Kinder  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8

Student Name \_\_\_\_\_ Date of Service \_\_\_\_\_

Type of Activity \_\_\_\_\_ Hours Served \_\_\_\_\_

1. Teacher Pre Approval (Strongly Recommended) Signature \_\_\_\_\_

2. Describe the activity in which you participated: (STUDENT must fill this out)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Explain what you have learned from your experience with serving others. (Student)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The Activity Supervisor must complete that back of this form. PARENTS MAY NOT SIGN THIS FORM.

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## To be completed by Activity Sponsor Only

Parents are not allowed to sign this form.

Supervisor's Name (Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor's evaluation of student's overall contribution:

Excellent    Good    Average    Poor

Comments (Optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Hour(s) Served \_\_\_\_\_

\_\_\_\_\_

**ALL HOURS ARE DUE THE FIRST MONDAY OF MAY**

