



Beaconhills College

PARENTAL ASSISTANCE PROGRAM

Record of Participation Form

Full 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 *

** College staff member must sign this form, to validate participation.

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

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

*** This form is valid for Parental Assistance activities undertaken at Pakenham or Berwick Campus's, including Pakenham and Berwick Little Beacons. **