



PPS COMPLETED HOURS FORM

Please tick the relevant activity boxes and record your PPS hours. You can then lodge this form with the office.

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE: _____

ACTIVITY	TIME SPENT (IN HOURS OR PART THEREOF)
ASSISTING IN CLASS	
BAKING	
BUILDING	
BUSY BEES	
CLASS CARERS	
CLEANING	
GARDENING	
GENERAL ADMIN	
P&F	
SILVERBLOSSOMS SHOP	
OTHER (PLEASE PROVIDE DETAILS)	

“The need for imagination, a sense of truth, and a feeling of responsibility – these are the three forces which are the very nerve of education.”
Rudolf Steiner

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