

Surname _____

Parent Participation Program (PPP) Timesheet 2025

Family ID___

Mother's name			Telephone	
Father's name			Telephone	
Eldest Child's name			Year/Class/Connect	
timesheets ar	re received, your aco a maximum of 10 h	count will be credited	with \$20 f m. Credit	s are applied at the end of
processing. emailed to P	Completed forms I	may be handed in to <u>u</u>	Primary	f staff, please submit for or Secondary Reception, or is Friday 14 November 2025
Date	Hours worked: from – to	Area of help / department	No of hours	Staff member's name & signature (Please write clearly)
	1		1	

Please return this form when you have completed 10 PPP hours.