

**September 2009 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Havurah High Attendance: September 16, 23, 30 (circle dates attended)

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**October 2009 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Havurah High Attendance: October 7, 14, 21, 28 (circle dates attended)

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**November 2009 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Havurah High Attendance: November 4, 18, 21 (circle dates attended)

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**December 2009 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Havurah High Attendance: December 2, 9, 16 (circle dates attended)

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**January 2010 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Havurah High Attendance: January 6, 13, 20 (circle dates attended)

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**February 2010 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Havurah High Attendance: February 3, 10, 17, 24 (circle dates attended)

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**March 2010 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Havurah High Attendance: March 3, 10, 17 (circle dates attended)

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**April 2010 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Havurah High Attendance: April 14, 21 (circle dates attended)

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**May 2010 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**June 2010 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**July 2010 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545

**August 2010 Havurah High Progress Form**

Student's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Religious Service Attendance:

Date	Type of Service (Shabbat evening, weekday morning, holiday, etc.)

Community Service (Tzedakah / Tikkun Olam):

Date	Number of Hours	Type of Service

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mail this form at the end of each month to: Susan Lazareck  
2717 NE Mason Street  
Portland, OR 97211-6545