



Date _____

For the week of _____ (Sunday through Saturday) I worked for a total of _____ hours.

My total for this school year is _____.

Signed _____

Parent Signature (if student under 18) _____

Email the completed form each Sunday for the previous week to admin@northstaraz.com or Fax to 623-907-2501 attn: AOI Coordinator

AND

Mail to:
North Star Charter School
Attn: AOI Coordinator
10720 W Indian School Rd #7
Phoenix, AZ 85037

*North Star High School
10720 W. Indian School Road, Suite 7
Phoenix, AZ 85037
Phone: (623) 907-2661 Fax: (623) 907-2501*