

Completion of Community Involvement Activities

Student	Student Number	Principal
School		Telephone

Please submit this form to the school when you have completed 40 hours of community involvement activities or when the principal requests it.

Activity	Number of Hours	Date of Completion	Location and Telephone Number	Supervisor's Name	Supervisor's signature
Total		For office use only: <input type="checkbox"/> Completion of hours noted on student's OST <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of school official Date			

Student's signature _____ Date _____

Parent's/Guardian's signature Date _____

This information is collected under the authority of the Education Act and the Ontario Student Records Guideline (1989).
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