



Completion of Community Involvement

Activities Student: _____ Principal: _____ Telephone: _____
School: _____

Please submit signed form to the school main office.

| Activity | Number of Hours | Date of Completion | Location and Telephone Number | Supervisor's Name and Signature |
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Total

FOR OFFICE USE ONLY

Completion has been noted on the student's OST

_____ Signature of School Official

_____ Student's

_____ Date

Signature Date Parent or Guardian's Signature Date

Personal information on this form is collected under the authority of the Education Act. The personal information collected will be used for education, administration and statistical purposes of the Board and/or Ministries and Agencies of the Government of Ontario and the Government of Canada. Questions about this collection of personal information should be directed to the Freedom of Information Coordinator, 1270 Pembroke Street West, Pembroke, Ontario K8A 4G4, (613) 735-0151.