



COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

Student	Principal
School	Telephone

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

Completed Activity	Location of Activity	Number of Hours	Date of Completion	Supervisor's Name and Telephone Number	Supervisor's Signature	Supervisor's Comments

Total

For office use only

Completion has been noted on the student's OST.

Signature of school official _____
Date

Student's signature _____ _____
Date Parent's or guardian's signature Date

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, 1989, this is to advise you that the information you have provided is collected under the legal authority of Section 327 of the Education Act, R.S.O. 1990, c.E.2 as amended, and may be used as necessary for some or all of the following principal administrative purposes related to: the Board operation, school programs and educational services, student records, and the Ministries of the Government of Ontario. If you have any questions, please contact the Principal and/or the Freedom of Information Coordinator.

