



NOTIFICATION OF PLANNED COMMUNITY INVOLVEMENT

STUDENT'S NAME IN FULL: STUDENT'S NAME IN FULL:

STUDENT'S OIC NO. : STUDENT'S OEN:

STUDENT'S TELEPHONE NUMBER : STUDENT'S E-MAIL ADDRESS:

Please provide the information requested below about the community activities in which you plan to participate.

ACTIVITY	ESTIMATED NUMBER OF HOURS	ESTIMATED DATE OF COMPLETION	LOCATION AND TELEPHONE NO.	SUPERVISOR'S NAME	PRINCIPAL'S SIGNATURE (if required)

IS EACH ACTIVITY IDENTIFIED IN THE OIC'S LIST OF APPROVED ACTIVITIES? NO ☐ YES ☐

If you checked "No", you must obtain written approval from Principal (the Principal's signature above) before starting the activity.

STUDENT'S SIGNATURE DATE

PARENT'S / GUARDIAN'S SIGNATURE DATE