



COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

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 submit this form to the Registrar's Office 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 NO. | SUPERVISOR'S NAME IN FULL | SUPERVISOR'S SIGNATURE |
|----------|-----------------|--------------------|----------------------------|---------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FOR OFFICE USE

COMPLETION HAS BEEN NOTED ON STUDENT'S OST.



REGISTRAR'S SIGNATURE DATE

STUDENT'S SIGNATURE DATE

PARENT'S / GUARDIAN'S SIGNATURE DATE