

Community Involvement Activity Notification and Completion Form

Student:						
Email Address:				Princip	al Mr. R. Rambar	ran
Telephone:				School		
					Canada eSchool / Ottawa C	
Please submit this form to the Fax	school when or scan and	you have cor I email comp	leted form to:	613-482-4	nunity involvement activities, or when the particle. 1504 ~ guidance@myeschool.ca	principal requests it.
Activity	Number of Hrs. Estimated Actual		Date of Completic MM/DD/Y	on		Supervisor's Name and Signature
Total Hours				,		
Student's Signature		Date			Parent or Guardian's signatur	re Date

For Office use only: 5 Completion has been noted on the student's OST. Da	Date entered:	Initials:
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Personal Information on this form is collected under the authority of the Education Act and Municipal Freedom of Information and Protection of Privacy Act, and will only be used to document completion of Community Involvement hours. The information on this form is confidential and access will be limited to those employees who have an administrative need, the student, and parent(s)/guardian(s) of a student who is under eighteen years of age.