

## **Community Involvement Activity Notification and Completion Form**

Student:								
Email Address:				Principal D. Reid				
								Telephone:
				Sch				
				Canada eSchool				
Please submit this form to the	school whe	n you have c	ompleted 40 ho	ours of	community involvement activities, or when the	e principal requests it.		
Ema			guidance@my Date of		oi.ca			
Activity	Number of Hrs. Estimated Actual		Completion MM/DD/YR		Location and Telephone Number	Supervisor's Name and Signature		
Total Hours								
		I	I					
Student's Signature	Student's Signature Date				Parent or Guardian's signature Date			

For Office use only: —	Completion has been noted on the student's OST.	Date entered:	Initials:

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.