CANADA eSCHOOL

Community Involvement Activity Notification and Completion Form

Student: _____

Email Address: _____

Telephone: _____

Principal
J. Knap

School
Canada eSchool

Please submit this form to the school when you have completed 40 hours of community involvement activities, or when the principal requests it.
Email completed form to: guidance@myeschool.ca

Activity	Number of Hrs. Estimated	Actual	Date of Completion MM/DD/YR	Location and Telephone Number	Supervisor's Name and Signature
Total Hours					

_____

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.