

Completion of Community Involvement Activities

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| Student Name (legal): | Principal Name: |
| School: | Student Telephone Number: |

***Please mail this form to the school when you have completed 40 hours of community involvement activities***

**Address: 230 Angeline Street South, Lindsay ON K9V0J8**

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| **Date** | **Hours Completed** | **Organization and Telephone Number** | **Description of Activity** | **Supervisor’s Name and Telephone Number** | **Supervisor’s**  **Signature** |
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| **Total Hours** |  |

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| This information is collected under the authority of the Education Act and the Ontario Student Records Guideline (1989) |

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| Trillium Lakelands Logo***For office use only:***  Completion of hours noted on student’s OST \_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of School Official Date |