

Completion of Community Involvement Activities

|  |  |
| --- | --- |
| 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**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature Date Parent/Guardian’s Signature Date

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

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