



virtual learning centre

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)

For office use only:

Completion of hours noted on student's OST _____

Signature of School Official

Date

