ST. CLAIR CATHOLIC
DISTRICT SCHOOL BOARD

Lighting the Way ~ Rejoicing in Our Journey

COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

Student	School	Principal	Telephone

Activity	Number of Hours	Date of Completion	Location and Telephone Number	Supervisor's Name & Signature
Totals				

For office use only

☐ Completion has been noted on the students OSR.

Signature of School Official _____ Date _____

Student's Signature _____ Date _____ Parent's or Guardian;s Signature _____ Date _____

I understand the information which I entered on this form has been collected in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, 1989. This form will be used as part of the Teacher Advisor Program and will be maintained in the student's portfolio.