



Student Last Name:	Student First Name:	Student No.:
--------------------	---------------------	--------------

* The person, supervisor or organization that provides the community involvement activity will complete the appropriate sections of the form to verify that the activity has been completed. A signature is required. For more information on eligible/ineligible service activities, [CLICK HERE](#).

Completed Activity	Number of Hours	Date of Completion	Location of Activity	Supervisor's Name and Telephone Number	Supervisor's Signature
TOTAL					

Information on this form is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 under the legal authority of the Education Act, R.S.O. 1990 and will only be used to document completion of community involvement hours.

FOR OFFICE USE ONLY

Completion has been noted on the student's OST

Student's Signature

Date

Signature of School Official

Date

Parent/Guardian's Signature

Date



St. Patrick's Catholic High School
1001 The Rapids Parkway
Sarnia, Ontario N7S 6K2
Phone: 519-332-3976 | Fax: 519-383-7024
Mr. F. Torti, Principal