



Student Last Name:	Student First Name:	Student No.:
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\* 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
<b>TOTAL</b>					

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



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