



ST. CLAIR CATHOLIC
DISTRICT SCHOOL BOARD
Lighting the Way ~ Rejoicing in Our Journey

COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

Student	School	Principal	Telephone
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Completion of Community Involvement Activities
 Please submit this form to the school when you have completed 40 hours of community involvement activities, or when the principal requests it.

Activity	Number of Hours	Date of Completion	Location and telephone number	Supervisor's name and signature
Totals				

Student's signature _____	Date _____	Parent's or guardian's signature _____	Date _____
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For office use only
 Completion has been noted on the students OSR.
 Signature of school official _____ 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.