

Notification and Completion of Community Involvement Activities

Student _____	Student Number _____
Student Telephone _____	High School _____
School Year (xxxx - xxxx) _____	Principal _____

Please provide the information requested below about the community involvement activities in which you plan to participate.
Submit this form to the school Guidance Office when you have completed 40 hours of community involvement activities. All activities must be on the eligible list.

ACTIVITY	ESTIMATED NUMBER OF HOURS	ESTIMATED DATE OF COMPLETION	SCHOOL APPROVAL	COMPLETED NUMBER OF HOURS	DATE OF COMPLETION	TELEPHONE NUMBER, ORGANIZATION & SUPERVISOR NAME (PLEASE PRINT)	SUPERVISOR SIGNATURE & COMMENTS
Total							

_____ Student Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date

For office use only	
<input type="checkbox"/> Completion has been noted on Student Trillium Record	
_____ Signature of School Official	_____ Date

This information is collected and used pursuant to the Education Act. The information will be used to document the Community Involvement Diploma Requirement.

White (Original) - OSR retain 5 years post retirement Yellow - Student Copy Pink - (Notification) - Guidance (OSRs are retained in guidance.)