

### Completion of Community Involvement Activities

Student	Student Number	Principal
School	Telephone	

Please submit this form to the school when you have completed 40 hours of community involvement activities

Activity	Number of Hours	Date of Completion	Location and Telephone Number	Supervisors Name	Supervisors Signature

Total		For office use only: <input type="checkbox"/> Completion of hours noted on student's OST	Signature of school official _____	Date _____
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Student's signature _____	Date _____	Parent's/Guardian's signature if student is under 18 years of age _____	Date _____
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The personal information you have provided is collected under the authority of the Education Act (R.S.O. 1990 c.E.2). This information will be used by Trillium Lakelands District School Board to ensure the completion of community involvement activities. Any questions regarding this collection can be made to the Principal at your school.