Simcoe County
District School Board

COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

Student _____ **Principal** _____

School _____ **Telephone** _____

Please return completed form to the Guidance Office at your Secondary School.

Activity	List of Approved Activities *	Number of Hours	Date of Completion (m/d/y)	Community/Organization	Supervisor's Name	Telephone	Supervisor's Signature
	Total Hours						

_____ _____
Student's Signature ***Date***

_____ _____
Parent's / Guardian's Signature ***Date***

For Office Use Only

_____ ***Completion has been noted on the student's Ontario Student Record (OSR)***

_____
Signature of School Official

***If the activity is not on the list of approved activities, students require the principal's signature/initials before starting the activity.**