



### Completion of Community Involvement Activities

Student: \_\_\_\_\_ Principal: \_\_\_\_\_

School: St. Anne's Catholic Secondary School Telephone: (519) 482-5454 Fax: (519) 482-5456

Please submit this form to the school's main office when you have completed 40 hours of community involvement activities, or when the Principal requests it.

Activity	Number of Hours	Date of Completion	Location/Telephone Number	Supervisor's Name/Signature

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**FREEDOME OF INFORMATION ACT** : Personal Information on this form is collected under the authority of the Education Act and will be transferred to the student record folder (OSR). Questions about this collection should be directed to the school Principal or Superintendent of Education.

**FOR OFFICE USE ONLY:**  
 Completion has been noted in the Student's OSR  
 Signature of School Official: \_\_\_\_\_  
 Date: \_\_\_\_\_