KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

## Completion of Community Involvement Activities

Student's Signature	TOTAL		-		Activity	Please submit this form 1	School:	Student:
Date					Number of Hours	Please submit this form to the school when you have completed 40 hours of community involvement activities, or when the principal requests it.		
					Date of Completion			
					Location			
					Telephone Number	unity involvement a	Telephone:	Principal:
For office use only completion has been noted on the student's OST					Supervisor's Name and Signature	tivities, or when the principal requests it.		
					Parent's/ Guardian's Name and Signature			

Note: Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of administering the Community Involvement Program. Questions about this collection should be directed to the Freedom of Information and Protection of Privacy Co-ordinator.

Signature of school official

Date