Community Involvement

Activity Record

TO BE USED IN CONJUNCTION WITH THE INFORMATION MANUAL

School:

ld:

Student:

	Date: Gn		Grade:	rade: Teacher Adviser:		Principal:		Telephone:			
Community Involvement Activities Please provide the information requested below about the community involvement activities in which you plan to participate.									Compl	etion	of Activities
Activity	Est. # of Hrs	Estimated Dat Completion	e of Org	Organization Name & Telephone No.		or's Name	n to participate. Principal's Signature (if required)		Date of Completion	# of Hrs.	Supervisor's Signature
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Is each activity listed above identified in the Community Involvement Manual under the list of approved activities? YES NO If you checked "NO", you must obtain the Principal's signature BEFORE starting the activity (see above).											
Student Signature Date			Date	Parent or Guardian Signature Date					I confirm the abov	ve activiti	ies have been completed.
For Office		_ t							Student		Date
Use Only Co	лириеноп па	s been noted o	n students O	SiSignati	ure of Scho	ol Official	Date		Parent or Gua	ardian	Date

Personal information contained on this form is collected and stored pursuant to Section 28.2 of the Mandapal Procedum of Information and Protection of Privacy Act and will be used for the purposes of Community Involvement requirement.