

Community Involvement Activity Notification and Completion Form

Students planning to begin their community hours in the summer preceding entry into Grade 9 are reminded to verify activities according to the guidelines listed on the back of this form and submit proof of their completed hours to their secondary school after October 1st of the year obtained.

Date submitted: _____ Last Name: _____ First Name: _____ Trillium # _____
(yyyy-mm-dd)

Date	Hours Completed	Organization	Description of Activity	Supervisor's Name and Phone Number	Supervisor's Signature	Principal's/Designate's Signature (*if required)

Total Hours

I acknowledge that I am responsible for the monitoring and safety of my son/daughter during the completion of these hours.

_____ **Parent/Guardian Signature**

*If the activity is NOT on the "Eligible List" (see back of this form), you must obtain your principal's/designate's signature BEFORE starting the activity. Personal information on this form is collected under the authority of the Education Act and Municipal Freedom of Information and Protection of Privacy Act and will only be used to document completion of community involvement hours.

For Office Use Only	<input type="checkbox"/> Completion has been noted on the student's OST. _____ <div style="display: flex; justify-content: space-between;"> Signature of School Official Date </div>
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