



COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES FORM

Student Name: _____

(Print Full Name)

Principal: Mr. David Broomer

Homeroom: _____ A or B (circle one)

Principal's Signature

Date

Peoples Christian Academy, Inc.

245 Renfrew Drive (416) 733-2010 X. 307

Markham, ON (416) 479-9062(FAX)

L3R 6G3

This form must be submitted to the principal. The information will be placed in the student's Ontario Student Record (OSR) folder. This information is being collected pursuant to the Policy/Program Memorandum No. 124A under the authority of The Ministry of Education. The information will be used to document the community involvement diploma requirement. Questions should be directed to the Guidance office.

Important: Activities with 10 or more hours requires a verification letter (printed on official letterhead) from the supervisor outlining a description of the community involvement, the number of hours earned and the date(s).

PLEASE COMPLETE EACH SECTION FULLY

THIS SECTION TO BE COMPLETED BY THE SUPERVISOR

Description of Activity: 	Supervisor's Name: _____ (Print Clearly) Location (Address): _____ _____ _____ Telephone No.: _____	Total Hours: _____ hours Start Date: _____ Completion Date: _____
Student's Signature: _____ Date: _____	Supervisor's Comments: 	
Parent's or Guardian's Signature: _____ Date: _____	Supervisor's Signature: _____ Date: _____	Date: _____

Completion has been noted on the student's OST

PREVIOUS RECORDED HOURS: _____

TOTAL NO. OF HOURS TO DATE: _____ **Log Sheet No.** _____

FOR OFFICE USE ONLY

Signature / Guidance Department

Date