

Community Involvement

Activity Record

TO BE USED IN CONJUNCTION WITH THE INFORMATION MANUAL

Student:		Id:		School:	
Date:	Grade:	Teacher Adviser:		Principal:	Telephone:

Community Involvement Activities					
Please provide the information requested below about the community involvement activities in which you plan to participate.					
Activity	Est. # of Hrs	Estimated Date of Completion	Organization Name & Telephone No.	Supervisor's Name	Principal's Signature (if required)

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 _____ Parent or Guardian Signature _____ Date

Completion of Activities		
Date of Completion	# of Hrs.	Supervisor's Signature



For Office Use Only	<input type="checkbox"/> Completion has been noted on student's OST.	_____	_____
		Signature of School Official	Date

I confirm the above activities have been completed.

_____ Student	_____ Date
_____ Parent or Guardian	_____ Date