



BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD

COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

Note: Check with your guidance counsellor to ensure that your planned community service hours will be acceptable.

OFFICE USE ONLY

Completion entered in Student Record

Signature of School Official

Date

Student: _____

Principal: Mrs. Tara Williams

School: Holy Trinity Catholic High School

Telephone: 519-429-3600

| Activity (Provide a brief description of your duties) | Start Date | No. of Hours | Date of Completion (month/day/year) | Location and Telephone | Supervisor's Name (Please print) <i>Signature required</i> |
|--|------------|--------------|--|------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| Total Hours | | | | | |

**** The boxes above are required information. Form must include student name and parent signature (if under 18)**

Student Signature: _____ Parent/Guardian Signature: _____
 Date: _____ Date: _____

The information may be privileged or confidential where disclosure or other use by persons other than the intended recipient may result in a breach of applicable laws or infringement of third-party rights.