



Completion of Community Involvement Activities

Student _____

Principal Dan Macdonald

Please return completed form to the Main Office.

School *Elmvale District High School*

Telephone 705-322-2201

Activity	List of Approved Activities *	Number of Hours	Date of Completion (m/d/y)	Community/Organization	Supervisor's Name	Telephone	Supervisor's Signature
Total Hours							

Student's Signature

Date

Parent's / Guardian's Signature

Date

For Office Use Only

_____ *Completion has been noted on the student's Ontario Student Record (OSR)*

Signature of School Official

*If the activity is not on the list of approved activities, students require the principal's signature/initials before starting the activity.