

your time counts



Activity record

Notification of Planned Community Involvement Activities

Student

Student number

School

Principal

Please provide the information requested below about the community involvement activities you propose to participate in.

| Activity | Estimated number of hours | Estimated date of completion | Location and telephone number | Supervisor's name | Principal's signature (If required) |
|----------|---------------------------|------------------------------|-------------------------------|-------------------|-------------------------------------|
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Is each activity identified on the list of eligible activities? (see the Your Time Counts brochure) Yes No
If you checked "No," you must obtain the principal's signature on this form before starting the activity.

Student signature

Date

Parent or guardian signature

Date

Fill out the "Completion of Community Involvement Activities" on the back of this form.

Completion of Community Involvement Activities

| Activity | Number of hours | Date of completion | Location and telephone number | Supervisor's name and signature |
|----------|-----------------|--------------------|-------------------------------|---------------------------------|
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Student signature

Date

Parent or guardian signature

Date

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| <p>For office use only</p> <p><input type="checkbox"/> Completion has been noted on student's OST.</p> <p>_____ Signature of school official</p> <p>_____ Date</p> |
|--|