

Notification of Completion of Community Involvement Activities



Student's Name: (PLEASE PRINT)		Student's Signature:			
School Name: (PLEASE PRINT)		Home Room:		Teacher/Advisor:	
Name of Organization or Activity: (PLEASE PRINT)		Hours Completed: (for this activity/organization):			
Address of Organization or Activity: (PLEASE PRINT)			Start Date:		End Date:
Supervisor of Organization or Activity:	(PLEASE PRINT NAME)	Signature:			Phone Number:
Parent/Guardian's Consent (under age 18):	(PLEASE PRINT NAME)	Signature:			
NOTES (please include description of duties or activity and any additional relevant information, e.g., schedule, etc.):					
Principal's Signature			OFFICE USE ONLY		