



# NOTIFICATION OF COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

<b>STUDENT'S NAME:</b> (please print)	<b>STUDENT'S SIGNATURE:</b>		<b>Home Room</b>	<b>Teacher Advisor</b>	<b>HOURS COMPLETED</b> (for this activity/organization):
<b>SCHOOL NAME:</b> (please print)					
<b>NAME OF ORGANIZATION or ACTIVITY:</b>					
<b>ADDRESS OF ORGANIZATION or ACTIVITY:</b> (please print)					
<b>SUPERVISOR OF ORGANIZATION or ACTIVITY:</b> (please print)			<b>START DATE</b>	<b>END DATE</b>	
<b>PARENT/GUARDIAN'S CONSENT</b> (under age 18):	<b>(please print name)</b>	<b>(signature)</b>	<b>PHONE NUMBER</b>		
<b>NOTES</b> (Please include description of duties or activity and any additional relevant information, e.g., schedule, etc.):					
<b>PRINCIPAL'S SIGNATURE</b>				<b>OFFICE USE ONLY</b>	