



COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES FORM

Student Name: _____

(Print Full Name)

Principal: Mr. A. Abdulnour

Homeroom: _____ A or B (circle one)

Principal's Signature

Date

Peoples Christian Academy, Inc.

245 Renfrew Dr. (416) 733-2010 x. 307

Markham, ON (416) 479-9602 (FAX)

L4J 6K3

This form must be submitted to the principal. The information will be placed in the student's Ontario Student Record (OSR) folder. This information is being collected pursuant to the Policy/Program Memorandum No. 124A under the authority of The Ministry of Education. The information will be used to document the community involvement diploma requirement. Questions should be directed to the Guidance office.

Important: Activities with 10 or more hours requires a verification letter (printed on official letterhead) from the supervisor outlining a description of the community involvement, the number of hours earned and the date(s). Please attach the letter to this form.

PLEASE COMPLETE EACH SECTION FULLY

THIS SECTION TO BE COMPLETED BY THE SUPERVISOR

Description of Activity:	Supervisor's Name: _____ (Print Clearly)	Total Hours: _____ hours
	Location (Address): _____ _____ _____	Start Date: _____
	Telephone No.: _____	Completion Date: _____
Student's Signature: _____ Date: _____	Supervisor's Comments:	
Parent's or Guardian's Signature: _____ Date: _____	Supervisor's Signature: _____	Date: _____

FOR OFFICE USE ONLY

Signature of Guidance Department

Date