



BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD

**COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES**

*Note: Check with your guidance counselor to ensure that your planned community service hours will be acceptable.*

OFFICE USE ONLY	
<input type="checkbox"/> Completion entered in Student Record	_____
Signature of School Official	Date

Student: \_\_\_\_\_ Principal: Mrs. Tara Williams

School: Holy Trinity Catholic High School Telephone: 519-429-3600

Activity (provide a brief description of your duties)	Start Date	No. of Hours	Date of Completion (month/day/year)	Location and Telephone	Supervisor's Name

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

*The information may be privileged or confidential where disclosure or other use by persons other than the intended recipient may result in a breach of applicable laws or infringement of third-party rights.*