

BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD

COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

OFFICE USE ONLY

□ Completion entered in Student Record

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

Date: _____

nours v	table.	Signature of School Official Date			
Student:			Principal: Mr. Humberto Cacilhas		
School: Holy Trinity Catholic High School					
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

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.

Date: _____

Student Signature: ______ Parent/Guardian Signature: _____