



**BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD**

**COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES**

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

**OFFICE USE ONLY**

Completion entered in Student Record

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

Student: \_\_\_\_\_

Principal: Mr. Humberto Cacilhas

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.*