

# Notification of Completion of Community Involvement Activities



<b>Student's Name:</b> (PLEASE PRINT)		<b>Student's Signature:</b>			
<b>School Name:</b> (PLEASE PRINT)		<b>Home Room:</b>		<b>Teacher/Advisor:</b>	
<b>Name of Organization or Activity:</b> (PLEASE PRINT)		<b>Hours Completed:</b> (for this activity/organization):			
<b>Address of Organization or Activity:</b> (PLEASE PRINT)			<b>Start Date:</b>		<b>End Date:</b>
<b>Supervisor of Organization or Activity:</b>	(PLEASE PRINT NAME)	<b>Signature:</b>			<b>Phone Number:</b>
<b>Parent/Guardian's Consent</b> (under age 18):	(PLEASE PRINT NAME)	<b>Signature:</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>		