



OUR LADY OF LOURDES C.H.S.

Completion of Community Involvement Activities

This form must be completed and returned to the guidance office where it will be submitted to the principal or the teacher designated by the principal. The information gathered will be placed in the student's Ontario Student Record folder.

STUDENT NAME (print clearly):		
ACTIVITY		
SUPERVISOR'S NAME		
NAME OF LOCATION		
ADDRESS	TELEPHONE	EXT
NUMBER OF HOURS COMPLETED		
DATE OF COMPLETION (include start and end date if applicable)		
STUDENT SIGNATURE	PARENT SIGNATURE	
SUPERVISOR SIGNATURE	PRINCIPAL/DESIGNATE SIGNATURE	

<p>For Office Use only:</p> <p style="text-align: center;">Completion has been noted on student's OST</p> <p style="text-align: center;">Insert into OSR</p>

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act; to the Policy/Program memorandum No. 124A under the authority of the Ministry of Education; and under the authority of the Wellington Catholic District School Board's Freedom of Information Policy. Further information regarding this information collection is available from the principal of the school or the Freedom of Information Officer.

Original: School

Students are advised to keep a copy for their records