



NOTIFICATION OF COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

STUDENT'S NAME: (please print)		STUDENT'S SIGNATURE:			
SCHOOL NAME: (please print)		Home Room		Teacher Advisor	
NAME OF ORGANIZATION or ACTIVITY: (please print)				HOURS COMPLETED (for this activity/organization):	
ADDRESS OF ORGANIZATION or ACTIVITY: (please print)					
				START DATE	END DATE
SUPERVISOR OF ORGANIZATION or ACTIVITY:					
	(please print name)	(signature)		PHONE NUMBER	
PARENT/GUARDIAN'S CONSENT (under age 18):					
	(please print name)	(signature)			
NOTES (please include description of duties or activity and any additional relevant information, e.g., schedule, etc.):					
PRINCIPAL'S SIGNATURE				OFFICE USE ONLY	