



## AFNORTH INTERNATIONAL SCHOOL - CANADIAN SECTION



### COMMUNITY INVOLVEMENT ACTIVITY - COMPLETION SHEET

Student \_\_\_\_\_

Please provide the information requested below about the community involvement activity in which you have participated.

ACTIVITY	DATE	LOCATION	SUPERVISOR NAME AND SIGNATURE	PHONE #	# HOURS

**\*Please submit this sheet when complete. You will receive a copy and one will be placed in your student record.**

Note: Personal information on this document is collected under the authority of the Education Act and Municipal Freedom of Information and protection of Privacy Act, and will only be used to document completion of community involvement hours. The information on this form is confidential and access will be limited to those employees who have an administrative need, the student and parent(s)/guardian(s) of a student.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date