



Peterborough Victoria
Northumberland and Clarington
Catholic District School Board

ST. THOMAS AQUINAS CATHOLIC SECONDARY SCHOOL



Completion of Community Involvement Activities

Student's Name:				Principal's Name: Mrs. A. McCarney			
Student's Telephone Number:				Homeroom Teacher's Name:			
PLACEMENT - Location (please print)	CONTACT - Community Sponsor's Name (please print)	Community Sponsor's Telephone Number	Community Sponsor's Signature	Start Date <small>Mo/Day/Yr</small>	End Date <small>Mo/Day/Yr</small>	Number of Hours	ACTIVITY

Total Number of Hours _____

Student's Signature _____

Date _____

Parent's/Guardian's Signature _____

Date _____

Note: Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of administering the community Involvement Program. Questions about this collection should be directed to the Freedom of Information and Protection of Privacy Co-ordinator.

For Office Use Only	
<input type="checkbox"/>	Information has been added to the Final Report Card.
<input type="checkbox"/>	40 hr. requirement is complete and has been noted on the Student's O.S.T.
_____ Signature of School Official/Principal	_____ Date