

Record of Community Involvement Activities

Student's Name _____ Principal's Name: Mr. Wayne Mercer

School: **Queen Elizabeth District High School, Box 548 Sioux Lookout, ON, P8T 1A9**
(807) 737-3500

Please submit this form to the office, annually or when you have completed community involvement activities.

Activity	Number Of Hours	Date	Location and telephone number	Supervisor's name and signature
Total				

Student's Signature

Date

Parent's Signature

Date

Principal/Vice Principal's
Signature

Date

FOR OFFICE USE
<input type="checkbox"/> Completed hours noted on OST
_____ Signature of School Official
_____ Date