



Community Involvement

Activity Record

Monsignor Doyle Catholic Secondary School

Student	Id	School:	
Date	Grade:	Teacher Adviser:	Principal:
		Telephone:	

Community Involvement Activities

Please provide the information requested below about the community involvement activities in which you plan to participate.

Activity	Est. # of Hrs	Estimated Date of Completion	Organization Name & Telephone No.	Supervisor's Name	Principal's Signature (if required)

Is each activity listed above identified in the Community Involvement Manual under the list of approved activities? YES NO
 If you checked "NO", you must obtain the Principal's signature BEFORE starting the activity (see above).

Student Signature _____	Date _____	Parent or Guardian Signature _____	Date _____
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For Office Use Only

Completion has been noted on student's OST.

Signature of School Official _____ Date _____

Completion of Activities

Date of Completion	# of Hrs.	Supervisor's Signature

I confirm the above activities have been completed.

Student _____ Date _____

Parent or Guardian _____ Date _____

Permission is granted on this form to be collected and stored pursuant to Section 29.2 of the Elementary Education and Instruction of Primary Act and will be used for the purposes of Community Involvement requirements.