

your time counts



Activity record

Notification of Planned Community Involvement Activities

Student _____

Student # _____

School _____

Principal _____

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

Activity	Estimated number of hours	Estimated date of completion	Location and telephone number	Supervisor's name	Principal's signature (If required)

Is each activity identified on the list of eligible activities? (see the back of this form) Yes No
 If you checked "No," you must obtain the principal's signature on this form before starting the activity.

Student signature _____

Date _____

Parent or guardian signature _____

Date _____

Completion of Community Involvement Activities

Activity	Number of hours	Date of completion	Location and telephone number	Supervisor's name and signature

Student signature _____

Date _____

Parent or guardian signature _____

Date _____

For office use only

Completion has been noted on student's OST.

Signature of school official _____

Date _____