



## COMMUNITY INVOLVEMENT ACTIVITIES

Student Name

Principal Name

School

**Amberson High School**

Telephone No.

**416-495-0888**

This form must be submitted to the principal or to the teacher designated by the principal. The submission date will be determined by the school principal. The information will be placed in the student's Ontario Student Record folder.

Activity	Number of Hours	Supervisor's Name, Location, and Telephone Number	
	Date of Completion		
Student's Signature	Date	Supervisor's Comments	
Parent's or Guardian's Signature	Date	Supervisor's Signature	Date
Total Number of Hours completed to Date:		For office use only	
		<input type="checkbox"/> Completion has been noted on the student's OST	
		Signature of School Official	Date
This information is being collected pursuant to the Policy/Program Memorandum No. 124A under the authority of The Ministry of Education. The information will be used to document the Community Involvement Diploma Requirement. Questions should be directed to the school.			