



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.

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|--|--------------------|---|------|
| 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.