

COMPLETION OF CHRISTIAN COMMUNITY SERVICE ACTIVITIES FORM

Please provide ALL of the following required information below. Once you have completed and recorded your hours, submit this form to your Religion teacher on the appropriate collection dates (specific dates will be announced by Student Services for each semester).

STUDENT:				RELIGION TEACHER:				
	(Last name) (First		t name)	REI	RELIGION COURSE CODE:			
GRADE:				PERIOD: HOME PHONE NUMBER:				
SEMESTER: ONE or TWO (Please circle the correct semester)				DATE HANDED IN:				
NUMBER OF HOURS	DESCRIPTION OF THE ACTIVITY <u>REMEMBER</u> - CHRISTIAN SERVICE ACTIVITES ONLY	LOCATION (where this activity took place)	PRE-APPROVA SIGNATURE AN DATE (must be a RELIGION Teacher signature only	ND er's	DATE (when was this activity completed)	SUPERVISOR'S Name & Number (who was in charge of this activity) (family members cannot be supervisors)	SUPERVISOR'S SIGNATURE -must be signed by the person in charge of this activity (no family signatures)	RELIGION TEACHER'S SIGNATURE -for final approval
(Example) 5	Sorted out clothing	Goodwill	<i>Mrs.</i> Young October 2, 20xx		March 22, 20xx	^(Please Print) John Smith (905)-356-4313	John Smith	
	TOTAL HOURS							

STUDENT SIGNATURE______ PARENT/GUARDIAN SIGNATURE _____

DATE

PLEASE NOTE ALL THE ABOVE SIGNATURES ARE MANDATORY. Forms will not be processed without them.