



# Saint Paul Catholic High School

## 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).

<b>STUDENT:</b> _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(Last name)</span> <span>(First name)</span> </div>	<b>RELIGION TEACHER:</b> _____  <b>RELIGION COURSE CODE:</b> _____  <b>PERIOD:</b> _____ <b>HOME PHONE NUMBER:</b> _____  <b>DATE HANDED IN:</b> _____ <div style="text-align: right; font-size: small;">(day) / (month) / (year)</div>
<b>GRADE:</b> _____  <b>SEMESTER:</b> <b>ONE</b> or <b>TWO</b> <div style="text-align: center; font-size: small;">(Please circle the correct semester)</div>	

NUMBER OF HOURS	DESCRIPTION OF THE ACTIVITY <i>REMEMBER - CHRISTIAN SERVICE ACTIVITIES ONLY</i>	LOCATION <small>(where this activity took place)</small>	PRE-APPROVAL SIGNATURE AND DATE <i>( must be a RELIGION Teacher's signature only )</i>	DATE <small>(when was this activity completed)</small>	SUPERVISOR'S Name & Number <small>(who was in charge of this activity) <i>(family members cannot be supervisors)</i></small>	SUPERVISOR'S SIGNATURE <small>-must be signed by the person in charge of this activity <i>(no family signatures)</i></small>	RELIGION TEACHER'S SIGNATURE <small>-for final approval</small>
(Example) <b>5</b>	Sorted out clothing	Goodwill	Mrs. Young October 2, 20xx	March 22, 20xx	<small>(Please Print)</small> John Smith (905)-356-4313	John Smith	
<b>TOTAL HOURS</b>							

STUDENT SIGNATURE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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