

## NOTIFICATION OF COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

STUDENT'S NAME: (please print)		STUDENT'S SIGNATURE:				
SCHOOL NAME:		Home	Teache			
(please print)  NAME OF ORGANIZATION  or ACTIVITY:		Room	Advisor HOURS COI		OMPLETED	
(please print)  ADDRESS OF			(for this	activity/organizati	ion):	
ORGANIZATION or ACTIVITY:						
(please print)			START	DATE	END DATE	
SUPERVISOR OF ORGANIZATION or						
ACTIVITY:	(please print name)	(signature)		PHONE NUMBER		
PARENT/GUARDIAN'S CONSENT (under age 18):						
` ,	(please print name)	(signature)				
NOTES (please include description of duties or activity and any additional relevant information, e.g., schedule, etc.):						
PRINCIPAL'S SIGNATURE			OFFICE USE ONLY			