peel District School Board

your time counts

Activity record

Notification of Planned Community Involvement Activities

Student _____ Student number _____

School _____ Principal _____

Please provide the information requested below about the community involvement activities you propose to participate in.

Activity	Estimated number of hours	Estimated date of completion	Location and telephone number	Supervisor's name	Principal's signature (If required)

Is each activity identified on the list of eligible activities? (see the Your Time Counts brochure) ☐ Yes ☐ No
If you checked "No," you must obtain the principal's signature on this form before starting the activity.

Student signature _____ Date _____

Parent or guardian signature _____ Date _____

Fill out the "Completion of Community Involvement Activities" on the back of this form.

Completion of Community Involvement Activities

Activity	Number of hours	Date of completion	Location and telephone number	Supervisor's name and signature

Student signature

Date

Parent or guardian signature

Date

For office use only

☐ **Completion has been noted on student's OST.**

Signature of school official

Date