NOTRE DAME COLLEGE SCHOOL

Completion of Planned Community Service Activities' Form 2016-2017

Grade:

Student Name:

Information	Date(s) of Service	# of Hours	Activities Per (explain f		Supervisor's Informatio	
ation:					Name:	
					Signature: Telephone #:	
ation:					Name:	
					Signature: Telephone #:	
cation:					Name:	
					Signature: Telephone #:	
ation:					Name:	
					Signature: Telephone #:	
	TOTAL:					
udent's Signature				FOR OFFICE	LUCE ONLY	
arent's or Guardian's Signature:			Date	FOR OFFICE USE ONLY ☐ Completion has been noted on the student's OSR.		
	_		Date			
eligion Teacher's Signature:			Date	Signature of school official Date		