



## Completion of Community Involvement Activities

**Banting Memorial High School**  
 203 Victoria Street East  
 Alliston, ON  
 L9R 1G5  
 Tel: (705)435-6288  
 Fax: (705)435-3868



Student \_\_\_\_\_

Principal \_\_\_\_\_

School \_\_\_\_\_

Telephone \_\_\_\_\_

*Please return completed form  
to the Guidance Office*

Activity	List of Approved Activities *	Number of Hours	Date of Completion (m/d/y)	Community/Organization	Supervisor's Name	Telephone	Supervisor's Signature
Total Hours							

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date

\*If the activity is not on the list of approved activities, students require the principal's signature / initials before starting the activity.

**For Office Use Only**

\_\_\_\_\_  
Completion has been noted on the  
student's Ontario Student Record (OSR)

Signature of School Official \_\_\_\_\_