HIGHLAND SECONDARY SCHOOL

COMMUNITY INVOLVEMENT ACTIVITY REPORT

Student	**Telephone**

A. PRE-ACTIVITY NOTIFICATION (get verbal approval from the Guidance Office)

Description of Activity	Est. # of Hours	Est. date of Completion	Name & Organization and Location of Activity	Contact's Name & Telephone No.

Does this activity appear to meet the "Criteria for Eligible Activities" - See pamphlet in Guidance or school Website	Yes	No	If NO, Principal's Signature is required for Approval →	_____ Principal's Signature

_____ _____ _____

Student Signature **Parent/Guardian Signature (if under 18)** **Date**

B. COMPLETION OF ACTIVITY

Student Description of Activity:

Supervisor's Comments:

I confirm that _____ **has successfully completed** _____ **hours of**
(Student Name) (Total Hours)
Community involvement service as outlined above.

NAME OF SUPERVISOR: _____ **TITLE:** _____

ADDRESS/PHONE NUMBER (if different than Part A)_____

SIGNATURE OF SUPERVISOR: _____ **DATE:** _____

_____ _____ _____
(Student Signature) (Parent/Guardian Signature—if under 18) (Date)

C. REPORTING

Make a copy for your portfolio. Submit the originals to Guidance for data entry once you have completed 40 hours. Completed hours are marked with an 'x' only on a Transcript of Marks. Additional hours should be kept for your portfolio.