



COMPLETED COMMUNITY INVOLVEMENT ACTIVITIES Parry Sound HS

Student: _____ Home Phone: _____

Principal: Ms. Dawn Buckland

LOCATION	NUMBER OF HOURS	DATE OF COMPLETION	DESCRIPTION OF ACTIVITY	SUPERVISOR'S NAME, SIGNATURE AND PHONE #
TOTAL				

Student's Signature

Date

Parent's/Guardian's Signature

Date

Personal information on this form is collected under the Education Act and will be used in discharging the school's responsibility. Questions about this collection should be directed to the Superintendent of Program and Schools, Near North District School Board Head Office 1-800-278-4922.