



**NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
 SAINT MICHAEL CATHOLIC SECONDARY SCHOOL
 COMPLETION OF CHRISTIAN COMMUNITY ACTIVITIES FORM**



STUDENT:	PRINCIPAL:
SCHOOL: SAINT MICHAEL CATHOLIC SECONDARY SCHOOL	TELEPHONE:
RELIGION TEACHER:	DATE:

Please submit this form when you have completed the required hours of Christian community involvement.

Activity	Number of hours	Date of completion	Location and telephone number	Supervisor's name (please print)	Supervisor's signature
TOTAL					

FOR OFFICE USE ONLY	
<input type="checkbox"/> Completion has been noted on the student's OST	
Signature of School Official	Date
_____	_____

Is each activity identified on the Board's list of approved activities? Yes No

If you checked "No", you must obtain approval before starting the activity.

Student's Signature	Date	Parent's or Guardian's Signature	Date