



Student:		Home Phone:		Return completed forms to the Guidance Office at your secondary school
School:	Orillia Secondary School	Principal:	P. Bowman	

Activity	Approved Activity Y/N*	# Hours	Completion Date MM/DDYY	Community Organization or Location	Sponsor's Contact xxx-xxx-xxxx	Sponsor's Signature
Total Hours Submitted						

Student Signature:		Date Submitted:	
Parent/Guardian Signature:			

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

OFFICE USE ONLY	Completion has been noted on the students transcript	<input type="checkbox"/>
	Signature of school official:	