NOTRE DAME COLLEGE SCHOOL

Student Name:

Completion of Planned Community Service Activities' Form 2019-2020

Grade:

Please submit this form to your I				
result in "Zero" hours being cre	<u>r 1st semester report; Jur</u> dited for this school year	ne 1, 2020 fo and no grad	or 2 nd semester report. Fallur the given for the Christian Serv	re to return this completed sheet will
Information	Date(s) of Service	# of Hours	Activities Performe (explain fully)	
Location:			· ·	Name:
				Signature: Telephone #:
Location:				Name:
				Signature: Telephone #:
Location:				Name:
				Signature: Telephone #:
Location:				Name:
				Signature: Telephone #:
Location:				Name:
				Signature: Telephone #:
	TOTAL:			
Student's Signature Date				FOR OFFICE USE ONLY
Parent's or Guardian's Signature:				☐ Completion has been noted on the student's OSR.
Religion Teacher's Signature:				Signature of school official Date