



# NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

## Notification of Planned Christian Community Service Activities

Student: _____	Principal: _____
School: Holy Cross Catholic Secondary School	Telephone: (905) 937-6446
Religion Teacher: _____	Date: _____

Please provide the information requested below about the Christian Community Service activities in which you plan to participate to your religion teacher.

Organization	Estimated Number of hours	Estimated date of completion	Location and telephone number	Supervisor's name at activity	Religion teacher's signature

It is the policy of the Niagara Catholic District School Board that students complete a minimum of 10 hours Christian Community Service in the semester that they have religion.

If this is not possible, they must seek approval from the principal before starting the community service activity.

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

Personal information provided to the Niagara Catholic District School Board as part of the Christian/Community Service requirement is collected and stored in accordance with the Municipal Freedom of Information Act, and may be used for administrative and other purposes of the Board pursuant of the Act.

