

Student Name:

NOTRE DAME COLLEGE SCHOOL



Completion of Community Service Activities' Form 2024-2025

Grade:

Information	Date(s) of Service	# Of Hours	Activities Performe (Explain fully)	ed Supervisor's Information
ocation:				Name:
				Signature: Telephone #:
Location:				Name:
				Signature: Telephone #:
Location:				Name:
				Signature: Telephone #:
Location:				Name:
				Signature: Telephone #:
	TOTAL:			
Date Student's Signature			Date	FOR OFFICE USE ONLY
Parent's or Guardian's Signature:				$\hfill\Box$ Completion has been noted on the student's OSR.
Period 1 Teacher's Signature:				Signature of school official Date