

Lakeshore Catholic High School

Completion of Planned Community Service Activities' Form

Student Name: <small>Print Name</small>	Grade:
---	---------------

Please submit this form to the **GUIDANCE** department when you have completed your community involvement activities for this year. **DUE DATES FOR REPORT CARDS:** Submit no later than **January** for 1st semester report card and **June** for 3rd semester report card.

Information	Start Date <small>MM/DD/YR</small>	Completion Date <small>MM/DD/YR</small>	# of Hours	Activities Performed	Supervisor's Information
Organization: Telephone Number:					Print Name: Signature: Telephone #:
Organization: Telephone Number:					Print Name: Signature: Telephone #:
Organization: Telephone Number:					Print Name: Signature: Telephone #:
TOTAL					

Student's Signature _____ _____
Date

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

Religion Teacher's Signature: _____ _____
Date

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