

**COMMUNITY SERVICE CREDIT**

**REGISTRATION FORM**

**Registration Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**E.P. Advisor** \_\_\_\_\_

**Grade** \_\_\_\_\_

**LIST OF VOLUNTEER/LEADERSHIP ACTIVITIES PLANNED:**

[1] \_\_\_\_\_

[2] \_\_\_\_\_

[3] \_\_\_\_\_

[4] \_\_\_\_\_

[5] \_\_\_\_\_

**[A final report will be required prior to the credit being issued after 110 hours of community service has been fulfilled.]**

**Our daughter/son has permission to provide volunteer service or leadership in the areas indicated above.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

**Please return to the Counselling Office.**



