

Notification of Planned Community Involvement Activity

Student's Name

Principal

_____ Mrs. Katherine MacIver _____

School

_____ Beaver Brae Secondary _____

Address and Telephone Number

_____ 1400 Ninth Street N. Kenora, ON (807) 468-6401 _____

Please provide the information requested below about the community involvement in which you plan to participate

Activity

Estimated number of hours:

Estimated Date of Completion:

Location:

Supervisor's Name and telephone number:

Is the activity identified on the school board's list of approved activities? YES: NO:

If you circled "NO" you must obtain **written approval** from the Principal (signature below) **before** starting the activity.

Student's signature and date

Parent's signature and date

_____ Principal's Signature and date