Notification of Planned Community Involvement Activity

Student's Name	Principal
	Ms. Tracey Benoit
School	Address and Telephone Number
Beaver Brae Secondary School	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	s list of approved activities? YES: [] NO: []
•	obtain <u>written approval</u> from the
principal (signature below)) <u>before</u> starting the activity.
Student's signature and date	Parent's signature and date
Principal's Si	gnature and date