



*NIAGARA CATHOLIC DISTRICT SCHOOL BOARD*

Saint Francis Catholic Secondary School

COMPLETION OF CHRISTIAN COMMUNITY SERVICE FORM



Student:	Principal: Mr. J. Whittard
Telephone:	School: Saint Francis Catholic Secondary School
Religion Teacher:	Date:

**Please complete all sections with full details**

Activity	Number of Hours	Start & End Dates MM-DD-YY	Organization and telephone number	Supervisor's name (please print)	Supervisor's Signature

Total Hours

Is each activity identified on the Board's list of approved activities?

Yes

No

If you checked "No", your hours for the activity in question will NOT be allotted

**FOR OFFICE USE ONLY**

Hours have been noted on student's OST

Signature:

Date:

Student's Signature	Date	Parent's or Guardian's Signature	Date
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