



**NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
SAINT MICHAEL CATHOLIC SECONDARY SCHOOL
COMPLETION OF CHRISTIAN COMMUNITY ACTIVITIES FORM**



STUDENT:	PRINCIPAL:
SCHOOL: SAINT MICHAEL CATHOLIC SECONDARY SCHOOL	TELEPHONE: 905.356.5155
RELIGION TEACHER:	RELIGION TEACHER SIGNATURE:

Please submit this form when you have completed the required hours of Christian community involvement to your Religion Teacher, if you do not have a Religion Teacher then submit to Mr. Bell for approval.

Activity	Number of hours	Date of completion	Location and telephone number	Supervisor's name(please print)	Supervisor's signature
TOTAL					

Is each activity identified on the Board's list of approved activities? ☐ Yes ☐ No

If you checked "No", you must obtain approval before starting the activity.

FOR OFFICE USE ONLY	
<input type="checkbox"/> Completion has been noted on the student's OST	
Signature of School Official	Date

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