

## Father Leo J. Austin Catholic Secondary School Community Service Hours Log



Student Name:	Phone Number:					
	(please print cl	early)				
Activity Description	Official School Approval	Organization/Location	Supervisor's Name & Signature	Supervisor's Phone #	Date(s) Completed	Number of Hours
	1					
	25.7.8					
				·		
;						
				:	·	
<ul> <li>These activities must be complet</li> <li>The placement must not replace</li> <li>Activities not identified on ND's I</li> <li>A supervisor cannot be a parent</li> </ul>	someone who wou ist of Eligible Activit	ld normally be paid to do this type ties must obtain approval from the	eir Guidance Counsellor or	designate before sta	rting the activity.	Total Hours
ENTS ARE RESPONSIBLE FOR I	MONITORING C	OMPLETION OF HOURS AND	THE SAFETY OF THEI	R CHILDREN.	For Office Use Onl Completion has been record.	
ent Signature	Date	Parent/Guardian Signature Date		<b>1</b> :	School Official Approval Date	