



NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

Denis Morris Catholic High School

COMPLETION OF CHRISTIAN COMMUNITY SERVICE FORM



Student:	Principal:
Telephone:	School: Denis Morris Catholic HS
Religion Teacher:	Date:

Please complete all sections with full details

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

Total Hours

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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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Personal information provided to the Niagara Catholic District School Board, as part of the Christian / Community Service requirement is collected and stored in accordance with the Municipal Freedom of Information Act, and may be used for administrative and other purposes of the Board pursuant of the Act.