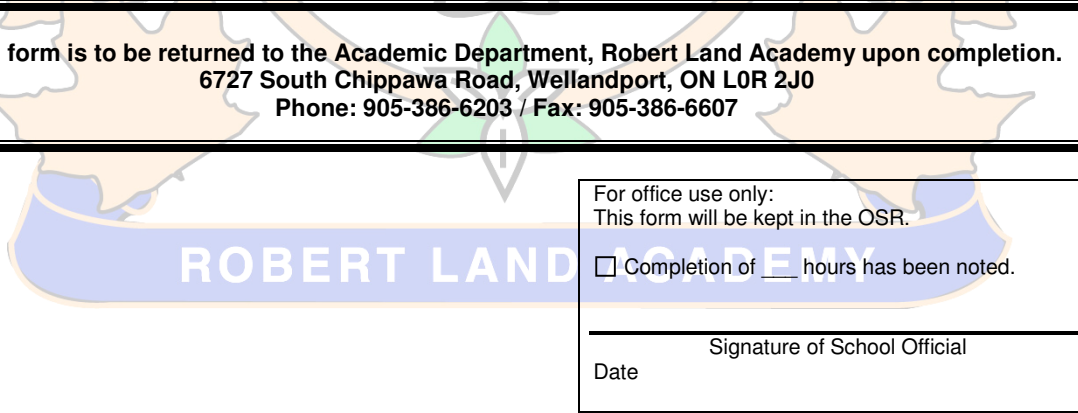


# ROBERT LAND ACADEMY

## COMMUNITY INVOLVEMENT FORM

Student: _____	Grade: _____	
Organization: _____		
Address: _____		
Phone Number: _____		
Supervisor's Name: _____	Position: _____	
Description of Planned Activity: _____		
# of hours: _____	Start Date: ____/____/____ mm dd yy	Finish Date: ____/____/____ mm dd yy
Supervisor's Signature: _____	Date: _____	
Student's Signature: _____	Date: _____	
Parent or Guardian Signature (if under 18) _____		

**This form is to be returned to the Academic Department, Robert Land Academy upon completion.**  
6727 South Chippawa Road, Wellandport, ON L0R 2J0  
Phone: 905-386-6203 / Fax: 905-386-6607



For office use only: This form will be kept in the OSR.
<input type="checkbox"/> Completion of ____ hours has been noted.
_____ Signature of School Official
_____ Date

Personal information provided as part of the community involvement 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 Academy pursuant to the Act.