**ARDENNE HIGH SCHOOL COMMUNITY SERVICE**

**Project/Activity Approval Form**

**Name of Student/Students:**

_____

_____

_____

**Class:** _____

**Telephone No/s:**

_____

**Email/s:**

_____

_____

_____

**Project Topic/s:**

_____

_____

_____

_____

**Tasks to be done:**

_____

_____

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_____

**Social Media Platform/s to be used:**

_____

_____

**Estimated start date/time:** _____

**Estimated Completion date/time:** _____

**Total Duration:** _____

**Date Submitting Request**: _____

**This form must be completed and returned to the programme coordinator for approval before initiating tasks.**

**FOR INTERNAL USE ONLY**

**APPROVED** ☐ **DENIED** ☐