

ARDENNE HIGH SCHOOL COMMUNITY SERVICE <u>Project/Activity Approval Form</u>

Name of Student/Students:			
Class:	 	 	
Telephone No/s:			
Email/s:			
Project Topic/s:			

Social Media Platform/s to b	pe used:
Social Media Platform/s to b	oe used:
	oe used:
Estimated start date/time: _	
Estimated start date/time: _ Estimated Completion date/	/time:
Estimated start date/time: _ Estimated Completion date/ Total Duration:	
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Estimated start date/time: _ Estimated Completion date/ Total Duration: Date Submitting Request: _	ompleted and returned to the programme coordinator for approval
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Estimated start date/time: _ Estimated Completion date/ Total Duration: Date Submitting Request: _	ompleted and returned to the programme coordinator for approval