



MOUNT CARMEL SCHOOL

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www.mountcarmelsaipan.com • www.facebook.com/mtcarmelcnmi

Extra-Curricular Activity Certification Form

I, _____, as the coach/adviser for
(type of extra-curricular activity) _____,
do hereby certify that (name of the student) _____,
participated in this activity from (start date) _____ to (recent date) _____ in
the following capacity (explain level and role of participation in the extra-curricular activity):

Signature of Coach/Adviser

Date

In the event that Mount Carmel School needs to contact you regarding this student, please provide the following contact information:

Mailing Address

City, State ZIP Code

Telephone Number(s)

Email Address