

# ST. CLAIR HIGH STUDENT COUNCIL

## CHAIRPERSON TRACKING LOG

Chairperson's Name: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

| Description of Task to be Complete | Due Date | Date Completion Verified |
|------------------------------------|----------|--------------------------|
|                                    |          |                          |
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Additional Notes: \_\_\_\_\_  
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Date: \_\_\_\_\_  
 Describe Issue & Action Taken \_\_\_\_\_  
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Date: \_\_\_\_\_  
 Describe Issue & Action Taken \_\_\_\_\_  
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Date: \_\_\_\_\_  
 Describe Issue & Action Taken \_\_\_\_\_  
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