CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

2755 Highway 43, Kemptville, Ontario K0G 1J0
phone: 613-258-7757 toll free: 1-800-443-4562
www.cdsbeo.on.ca

Parental Consent Form

Name of Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____

Address: _____

Parent Email: _____ Phone: _____

Acknowledgement and Agreement

I hereby authorize the Catholic District School Board to release my child's information (selected below) to _____ (SBRS or External Provider).

☐ Personal information (name, address, age, DOB, etc.).
☐ Educational information (IEPs, report cards, etc.).
☐ Psychological information (psych assessments and reports).
☐ Intervention information (intervention meetings, clinical intervention, etc.).
☐ Health/Medical information (doctor's notes, medical exemptions, etc.).
☐ Speech/Language information (SLP notes, assessments, reports, etc.).

I hereby authorize that I consent to my child being observed at the Catholic District School Board by _____ (SBRS or External Provider).

_____ _____
Name of Parent(s)/Guardian(s) *(please print)* Signature

_____ _____
Name of Witness *(please print)* Signature

_____
Date