



Huron-Perth Catholic District School Board

# Record of Referral to The Children's Aid Society

*This form is completed under the Authority of the child and Family Services Act*

Student's Name: _____		D.O.B. _____ <i>Day/Month/Year</i>
Address: _____		
School: _____	Grade: _____	Home Phone: _____
Parents/Guardians:	Name: _____	Work Phone: _____
	Name: _____	Work Phone: _____

### A. People Involved in Report

- > Name of Person Initiating Contact: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date and Time of Initial Contact: \_\_\_\_\_
- > Name of CAS Person Contacted: \_\_\_\_\_  
Position: \_\_\_\_\_

### B. Response of Children's Aid Society

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- C. Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_  
*(Person Initiating Contact)*
- \_\_\_\_\_ Date: \_\_\_\_\_  
*(Principal)*

**This form will be kept in the principal's Record of Referral to CAS Folder for a period of one year and then destroyed. It should be completed within 48 hours of the call to CAS.**

Distribution:  School Principal (original)  Children's Aid Society of Huron-Perth (copy)

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