



Consent for Exchange of Information

Student		OEN
Date of Birth	Parent / Guardian Name	
Address		
Telephone Number	School	
Grade	Date	

I authorize the Huron-Perth Catholic District School Board to obtain from

information relevant to the education of my child.

If deemed appropriate, such information will become part of my child's **Ontario School Record**

Signature(s) _____

Witnessed / Verified By _____

Date _____

I authorize the Huron-Perth Catholic District School Board to convey to

information relevant to the education of my child.

If deemed appropriate, such information will become part of my child's **Ontario School Record**

Signature(s) _____

Witnessed / Verified By _____

Date _____

FREEDOM OF INFORMATION ACT

Personal information on this form is collected under the Education Act and will be transferred to the student record folder (OSR).
Questions about this collection should be directed to the school principal or Superintendent of Education