



Notification of Withdrawal from Parental Control for Students 16 to 17

Student Name: _____ OEN: _____

Date of Birth: _____

The purpose of this form is to notify the school that a student aged 16 or 17 has made the decision to remove himself/herself from parental control and has arranged alternative living arrangements. The Northeastern Catholic District School Board reserves the right to seek further information as required to ensure compliance with all NCDSB policies and procedures. Information regarding residency, financial independence, and guardianship must be made available upon request.

Upon receipt of this completed form and any requested supporting evidence, the student's parent(s)/guardian(s) will be contacted and advised that the student has indicated that they have withdrawn from parental control. School records will be updated accordingly and parents/guardians will no longer be entitled to receive information about the student's education and well-being, and they may no longer access the Ontario Student Record (OSR). Students will be making decisions independently, including whether or not their parent(s)/guardian(s) should be advised of the school they are attending, unless they have selected a guardian (Option B) in which case, the guardian will assume responsibility for the student.

**Student must complete either Section A or B, depending on their unique circumstance.
Student must complete Section C to ensure appropriate information is updated in school records.**

Section A: Student Lives Independently and Is Self-Sufficient

The student must provide evidence that they are living independently from their parent(s)/guardian(s) and providing for their own living expenses. Evidence may include: a copy of a rental agreement, a pay stub; and/or proof of social assistance. Principals should recognize that many students will be assisted by an adult with their living expenses, which does not mean that the student is not living independently.

Source of Income: _____ Income Verified by: _____

Student's Address: _____ City/Postal Code: _____

Address Verified by: _____ Telephone: _____

I confirm that I am over 16 and have removed myself from the care and control of my parent(s) and/or legal guardian(s). I take full responsibility for all matters related to education and academic services provided to me. I am self-sufficient and have an independent source of income.

Student Signature

Date

Section B: Student Selects Guardian

Where a student aged 16 or 17 who has withdrawn from parental control, and resides with and is being cared for and supported by a relative or another adult, they are regarded as living in a guardianship situation (*Education Act*, section 18).

I confirm that the following individual resides with me and is in my care. I agree to be responsible for all educational-related decisions.

Guardian Name: _____ Relationship to Student: _____

Guardian Name: _____ Relationship to Student: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

Guardian Signature

Date

Guardian Signature

Date

I confirm that I am over 16 and have removed myself from the care and control of my parent(s). I reside with the person(s) named above who will act as my guardian(s) for matters related to education and academic services.

Student Signature

Date

Section C: Emergency Contact Information

Name: _____ Telephone: _____

Address: _____ City/Postal Code: _____

Name: _____ Telephone: _____

Address: _____ City/Postal Code: _____