



Northeastern  
Catholic District  
SCHOOL BOARD

## RECORD OF INFORMATION Child and Youth Protection

*Employees and volunteers of the NCDSB may use this form to document facts relating to disclosure or suspected child abuse or neglect. Upon exercising your duty to report, this information is provided to the Principal for confidential filing in a secure location.*

### STUDENT INFORMATION

|                                   |  |              |  |
|-----------------------------------|--|--------------|--|
| <b>Student's LEGAL Name</b>       |  |              |  |
| <b>Date of Birth (MM-DD-YYYY)</b> |  |              |  |
| <b>Age</b>                        |  | <b>Grade</b> |  |
| <b>Address</b>                    |  |              |  |
| <b>Parent/Guardian Name</b>       |  |              |  |

### DOCUMENTATION OF INFORMATION (Record the facts of what was seen or heard)

### PERSON FULFILLING DUTY TO REPORT

|   |   |
|---|---|
| <b>Name</b>                                     |   |
| <b>Position</b>                                 |   |
| <b>Date and Time</b>                            |   |
| <b>Name of child welfare agency reported to</b> | <input type="checkbox"/> North Eastern Ontario Family and Children's Services<br><input type="checkbox"/> Kunuwanimano Child and Family Services<br><input type="checkbox"/> Payukotayno Family Services<br><input type="checkbox"/> Police Services (please specify):<br><input type="checkbox"/> Other agency (please specify): |
| <b>Name of Person reported to</b>               |   |
| <b>Position</b>                                 |   |