



Child and Youth Services (CYS) Consent to Access the Ontario Student Record (OSR)

To: _____
Parent/Guardian Address



From: Denis Lopes Etobicoke Year Round Alternative Centre
Principal School

Re: _____
Student Date of Birth: Month/Day/Year

Child and Youth Services staff support students in skill development, self management and problem solving to improve academic achievement. Programs are developed to meet the individual needs of each student. Access to your child's Ontario Student Record can provide helpful information to the Child and Youth Services professional preparing a program or plan for your child or youth. To allow this access your written consent is required.

The Child and Youth Services staff member will be pleased to discuss his/her involvement. Please feel free to contact:

Staff Name: Olga Chtcheglova

Staff Title: Child Youth Counsellor

Telephone Number: 416-394-2125

Please complete this section and return one signed copy to your child's teacher. The other copy is for your records.



I consent to the Child and Youth Services staff member,
Olga Chtcheglova having access to my child's
(Insert CYW or CYC Name on line above)
Ontario Student Record (OSR).

This consent is valid for up to one year unless withdrawn by written notice.



Parent/Guardian Date