Appendix B

REPORT OF CHILD(REN) IN NEED OF PROTECTION
SCHOOL INITIATED

School:_____ Date:_____

Background Information:

Student's Name: _____ Date of Birth: _____

Parent's Name(s):_____ Phone Number:_____

Address:_____

Details of Report:

Date: _____ Reported to: ☐ Kunuwanimano

☐ North Eastern Ontario Family and Children's Services

Reported to by: _____

Name of Children's Aid Society Worker: _____

Information concerning Suspected Abuse: _____

_____

_____

_____

_____

_____

_____

Signatures:

_____ _____

Employee Principal/Vice-Principal