



**OUT OF AREA ATTENDANCE
CHILDCARE DECLARATION**

STUDENT INFORMATION (One form required per child)

NAME: _____

ADDRESS: _____

PHONE: _____

CHILD CARE PROVIDER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

DECLARATION: I will be providing child care for _____
(Student's Name)

this school year and have cared for this child for the past _____ years.

Name of Child Care Provider _____
(Please Print)

Signature of Child Care Provider

Date

The legal authority for the collection of this information is in the Education Act R. S. O. 1980. The purpose is to apply for Out of Area attendance. Users of this information will be the Principal, Superintendent of Education, and appropriate administrative support staff. This form will be retained with the Student's Out of Area Permission documentation for a minimum of twelve months after which time it will be shredded. The contact person for queries concerning this information is the Principal of the home school.