FORM TO BE USED WHEN A STUDENT IS APPREHENDED WITHOUT A WARRANT

Toronto Catholic District School Board
80 Sheppard Avenue East
Toronto, Ontario M2N 6E8 · (416) 222-8282

TO _____
Name of School

_____
Address of School

DATED _____

RE _____ _____
Name of Child *Date of Birth*

1. I, _____ , am a person authorized under Section 40(7) of the Child and Family Services Act, by the Executive Director of the Society, a local director within the meaning of the Act.

2. I have reasonable and probable grounds to believe that the child above noted is apparently in need of protection within the meaning of the Act.

3. I advise you that I have removed, or do hereby remove such child from your care and/or premises.

4. I acknowledge that _____ the principal/designate of the school
Name of Principal/Designate

noted, has this _____ day of _____ 20__ delivered to me custody of

the child named herein.

_____
Signature of Person so Authorized

_____
Signature of Principal/Designate

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