

**ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD  
POLICIES AND PROCEDURES  
SECTION C: STUDENTS**

APPENDIX D

**REPORT OF A SUSPICION OF A CHILD IN NEED OF PROTECTION**

SCHOOL NAME: \_\_\_\_\_  
STUDENT'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GRADE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**PARENT(S)/GUARDIAN(S):**

\_\_\_\_\_  
Mother/Father/Guardian Name Phone: Home/Work  
\_\_\_\_\_  
Mother/Father/Guardian Name Phone: Home/Work  
\_\_\_\_\_  
Emergency Contact Name Phone: Home/Work

**1. Nature of Alleged Incident**

Physical       Emotional       Sexual       Neglect

Comments: \_\_\_\_\_  
\_\_\_\_\_

**2. Alleged Incident Reported to Children's Aid Society by:**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**3. Children's Aid Society Contact Person:**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**4. Immediate Action or Response by Children's Aid Society and/or School Officials:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Report Completed by:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

cc: Principal's File