

Cooperative Parenting School Instructions

The intent of this form is to outline the instructions that parents/guardians would like the school to follow regarding parenting rights that have been determined as a result of separation or divorce. If parents are unable to agree, then present circumstances will remain until agreement is reached.

If there is a parenting time schedule/calendar available as a reference for the school to know when the student(s) is/are residing with one parent or the other, please provide a copy.

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| Agreement Date (DD/MM/YYYY): | |
| School Name: | |
| Parent Name: | Signature: |
| Address: | |
| Telephone: | |
| Parent Name: | Signature: |
| Address: | |
| Telephone: | |
| Student Name: | DOB: |
| Student Name: | DOB: |
| Student Name: | DOB: |
| Student Name: | DOB: |
| Transportation - please outline who is eligible to pick-up the student(s) at school: | |
| Attendance confirmations - please indicate who should be contacted if the student(s) is/are absent and the school office has not received a communication to confirm the absence(s): <input type="checkbox"/> Both parents <input type="checkbox"/> Primary Contact _____ <input type="checkbox"/> Dependent on parenting time schedule/calendar | |
| Daily Permissions – please indicate who will make daily decisions regarding consent for activities (class trips/pizza day etc.) <input type="checkbox"/> Dependent on parenting time/schedule/calendar <input type="checkbox"/> Primary contact: _____ | |
| Educational programming decisions – please indicate if both parents will mutually agree to educational decisions or if one parent will have the primary decision-making authority for discipline, courses/programs, special education, etc.: <input type="checkbox"/> Both parents mutually agreed <input type="checkbox"/> Primary contact: _____ | |
| Home-School communications – please indicate if both parents need to receive communications from the school, will one parent serve as the primary contact, or if it will be dependent on the parenting time schedule/calendar for information not available in My Family Room or School Facebook Page/Website. <input type="checkbox"/> Both parents <input type="checkbox"/> Primary Contact _____ <input type="checkbox"/> Dependent on parenting time schedule/calendar | |
| Access to personal student information – will both parents retain the right to access the student’s personal information, contained in the Ontario Student Record (OSR) or in our electronic student information system? <input type="checkbox"/> Both parents receive and access to information <input type="checkbox"/> Primary contact: _____ | |
| Other considerations: | |