



PINE CREEK SCHOOL DIVISION

“Learning for Living”

TEMPORARY CARE AND CONTROL ARRANGEMENT

We/I,

Of the City/Town of

HEREBY CERTIFY THAT:

1. We/I am/are the mother/father of:

who was born on

(dd/mm/yyyy)

2. We/I,

, the legal guardians and parents of

Hereby grant permission to

the temporary care and control of

while registered at

in Pine Creek School Division, while

residing at

This arrangement will be until:

(typically end of the current school year)

Until this date,

will return to the care of their legal guardians.

Parent:

Date:

Witness:

Date:

Acting Guardian:

Date:

Witness:

Date:

Office Use Only:

Principal's Signature:

Date:

Approval of Superintendent:

Date:

25 Brown Street, Gladstone, Manitoba R0J 0T0

Telephone: (204) 385-2216 Fax: (204) 385-2825

Website: www.pinecreeksd.mb.ca