

School District No. 63 (Saanich)

ACCESS TO INFORMATION FORM (A)
REQUEST MADE BY NON-CUSTODIAL PARENT

Name of Student: _____ School: _____

Name of Non-Custodial Parent: _____

Address: _____

Telephone Number: _____

Name of Custodial Parent: _____

Request of Non-Custodial Parent: Please specify:

School Newsletters and Bulletins

Copy of Report Cards

Parent/Teacher Conferences

Access to School Events

Other:

Signature of Non-Custodial Parent Date: (Year/month/day)

Please return this form to the School Principal together with relevant Court Order,
Separation Agreement or other legal documentation