



If you submit this form to OESC you will receive a **wallet sized ID card** which is required for placements in school boards and other agencies. This card will be valid for 1 school year. It will expire **AUGUST 31, 2010**

If you have lived outside of Canada for a year or more, please visit our website FAQs at www.oesc-cseo.org for further information.

**DISCLOSURE OF POLICE RECORD INFORMATION FOR OESC IDENTIFICATION CARD
2009-2010 TUTOR CONSENT FORM**

TUTORS IN THE CLASSROOM PROGRAM

Purpose of Request and Consent

This form is to be used for the purpose of collecting and screening police record information on the applicant to authorize the applicant to have direct and regular contact with students and other vulnerable persons in Ontario schools.

Note: The following information must be entirely complete and accurate. Incomplete forms will be returned for correction.

PLEASE PRINT CLEARLY IN BLUE INK USING BLOCK CAPITAL LETTERS (NO PENCIL PLEASE)

Last Name:		First Name:	
Middle Name(s): (No initials please)			
Maiden Name:	Other Last Names used in the past:	Other First Names or Nicknames used in the past:	
Date of Birth yyyy: mm: dd:	Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
Current Canadian Mailing Address as it would appear (including, if applicable, number, street, apt., lot, township, rural route #, city, postal code)			
Do you have a Driver's Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Driver's Licence Number (if applicable) <i>Please include a photocopy of the front of the licence with this form</i>
Telephone Number: (Please include Area Code) ()			

CONSENT

I hereby consent to disclosure by the Oxford Community Police Service to the Ontario Education Services Corporation (OESC) of all records of *Criminal Code* (Canada) convictions, records of convictions under the *Controlled Drugs and Substances Act*, *Narcotic Control Act* and *Food & Drugs Act*, any undertakings to enter into a Surety to Keep the Peace, any Restraining Orders issued under the *Criminal Code* (Canada) or the *Family Law Act* and all outstanding warrants and charges, or in the alternative, disclosure that no record was found. I understand the OESC will treat all information on these records entirely confidentially and that details of any record will be released only to the undersigned person.

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

I understand that, as a result of giving this consent, if I am suspect of being the person named in a Criminal Record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me. I further consent in writing to disclosure of that information to the OESC.

This consent is given pursuant to section 42 of the *Freedom of Information and Protection of Privacy Act*, section 32 of the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection and Electronic Documents Act*, if applicable.

RELEASE AND DISCHARGE

I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Oxford Community Police Service, the Ontario Education Services Corporation - and any or all of their respective members, directors, employees, servants, and agents, including their successors and assigns, from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Oxford Community Police Service to the OESC.

Signature of Applicant <i>Must be Original</i>	Today's Date (Month / Day / Year) <i>Must be Original</i>
--	---

We recommend that you keep a copy of this Consent Form

Please send to: Ontario Education Services Corporation/La corporation des services en éducation de l'Ontario
P.O. Box 520 • 31 Adelaide Street East • Toronto, ON • M5C 2J6 • Email: oesc-cseo@opsba.org

PLEASE DO NOT FAX THIS FORM. ONLY SIGNED ORIGINALS ARE ACCEPTABLE



**INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF POLICE RECORD INFORMATION
STUDENT CONSENT FORM** (provided with this form)

TO ENSURE PROMPT HANDLING OF YOUR POLICE RECORD CHECK FOLLOW THESE INSTRUCTIONS WHEN COMPLETING THE CONSENT FORM:

√ (check off when completed)

- Please print carefully in **BLUE** ink.
- List your full legal name and complete all sections as required.
- Please sign the Consent Form using your legal signature and remember to date the Consent Form (month / day / year). **Incomplete and/or inaccurately completed Consent Forms cannot be processed.** You will be requested to complete another Consent Form thereby delaying your authorization.
- Additions and/or deletions to the Consent Form text, e.g. *Release and Discharge*, will render the Consent Form null and void.
- If you have a Driver's Licence, please attach a photocopy of the front of the licence to the Consent Form. If you do not have a licence please be sure to check off the appropriate box.
- Please retain a copy for your files.

TUTORS IN THE CLASSROOM PAYMENT FORM

Student Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: (____) _____ Cell: (____) _____ Email: _____

TUTORS IN THE CLASSROOM PROGRAM

OESC ID # (from your OESC ID card): _____ (Complete only if you have already received an OESC ID card in the past. If you have never been issued an OESC ID card before, please leave blank)

I am enclosing:

Money Order for **\$30.00** (taxes included) payable to **Ontario Education Services Corporation.**

OR

Payment by: Visa MasterCard

Card #:

--	--	--	--

 Expiry Date: ____/____/____

I hereby authorize **Ontario Education Services Corporation** to bill my credit card for **\$30.00** (taxes included)

Cardholder Name: _____
(please print)

Cardholder Signature: _____

Full payment and a fully completed, signed and dated original Consent Form must accompany this form. **THIS FEE IS NON-REFUNDABLE.**
Please send to Ontario Education Services Corporation: P.O. Box 520 • 31 Adelaide Street East • Toronto, ON • M5C 2J6

DO NOT FAX. ORIGINAL SIGNATURES ARE REQUIRED.
DO NOT SEND CASH OR CHEQUES. (Personal cheques will not be processed)
PLEASE RETAIN A COPY OF THIS FORM FOR TRANSACTION RECEIPT