

CaST School

City-as-School Toronto

OSR Request

Please return this document to CaST School.

To the Guidance Office at _____ . Please forward the Ontario
Student Record for _____, who has enrolled in
Grade _____ at

CaST School
720 Bathurst St.
TO, Ontario
M5S 2R4
647-205-7656

I hereby agree to accept responsibility for the record, and to use, maintain, transfer, and dispose of the record in accordance with The Guidelines for the Ontario Student Record.

CaST School Officer

Date

Parental Consent

I hereby give my consent for the Ontario Student Record of _____
to be transferred to CaST School.

Parent

Date