



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

Catholic Student Trustee Supervision Plan

Event details:

Name of Conference/Event: _____

Date(s): _____

Location: _____

Conference / hotel contact info: _____

Supervision:

Name of **parent** attending: _____

Accommodation details (please √):

parent staying in same room

parent staying in separate room

other arrangement (explain): _____

Where parent/guardian cannot attend:

Name of alternate supervisor: _____

Relationship to Catholic Student Trustee: _____

Supervision details: _____

This will authorize _____ to chaperone my child
name of adult supervisor

at the _____ on _____
Event/Conference Name Date

Parent Signature

Superintendent of Education

Date

Date