Northern Lights Secondary School

BOX 304 – MOOSONEE, ONTARIO – P0L 1Y0

1-705-336-2900 • FAX 705-336-2190

THE NLSS TRADITION

RESPECT DILIGENCE TEAMWORK EXCELLENCE

Date: _____

To Whom It May Concern:

As the biological parent(s) for _____, I/We are in
Student's Full Name

agreement, as indicated by the signatures below, for his/her benefit, will be under the care of

_____, who reside(s) in Moosonee, Ontario
Name(s) of Guardian(s)

Therefore, any school communications will be directed to the above named Guardian(s) until such time as I/We notify Northern Lights Secondary School in writing of any change.
The appointed Guardian(s) address is as follows:

Guardian 1: _____
Guardian 2: _____
P.O. Box _____
Street: _____
Town: _____
Home #: _____
Guardian 1 Work #: _____
Guardian 2 Work #: _____

Should you have any concerns or questions regarding this, please feel free to contact the undersigned.

_____	_____	_____
Signature of Parent	Signature of Parent	Date
_____	_____	
Parent's Name Printed	Parent's Name Printed	
_____	_____	_____
Signature of Guardian 1	Signature of Guardian 2	Date