



*Huron-Superior Catholic District School Board*

**FORM 4**

**Private External Agency/Provider Retainer Declaration**  
(for parent/guardian requested external agency service)  
(SCHOOL LETTERHEAD)

Parent/Guardian : \_\_\_\_\_

Address : \_\_\_\_\_

Re: Visit(s) by \_\_\_\_\_  
(Name of Private External Agency/Provider)

Concerning : \_\_\_\_\_  
(Name of Student)

I/We (parent/guardian) hereby acknowledge and agree that the above-named private external agency has been retained by the undersigned parent(s)/guardian(s). Further, I/we acknowledge and agree that I/we are fully responsible for payment of any and all accounts, including fees and disbursements, rendered by the above-named private external agency, and the (H-SCDSB) will neither pay nor contribute to the cost of these services. In consideration of the H-SCDSB allowing the above-named private external agency the requested access to the school, I/we hereby release and forever discharge the HSCDSB (including its employees, supervisory officers, and trustees) from any and all claims, demands, liabilities, courses of action, complaints, and otherwise arising from the visit(s), including any remedies which may subsist in law, equity or under legislation.

In addition, I/we hereby acknowledge and agree that the school principal is responsible for the duration of the program of the above-named student. At any time at the sole and unfettered discretion of the school principal or the HSCDSB, the above named private external agency's access to school board premises may be terminated. Further, I/we acknowledge and agree that if programming recommendations are made by the above-named private external agency/provider, the implementation would be at the discretion of the school principal. Finally, I/we acknowledge and agree that the school principal has the authority to determine what, if any, programming changes are to be made in accordance with/and subject to the *Education Act*.

Accepted: \_\_\_\_\_ \*Witness: \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_ \*Witness: \_\_\_\_\_  
Parent/Guardian Signature

\* In the absence of other convenient witnesses, the school principal (or designate) may serve as witness.

- Cc: Superintendent of Special Education (or designate)
- Private External Agency/Provider
- Co-ordinator of Special Education
- Ontario Student Record (OSR)