

Offence Declaration 2017-2018

I attest that I have advised Nutrition for Learning Staff and/or the Executive Director if I became the subject of any criminal investigation, if I became the subject of any child welfare investigations or if any charges were brought against me, even if the charges are pending.

Please initia	l beside all applicable line(s):
	I am currently employed by WRDSB or WCDSB and as such have a clear Police Record Check on file with the school board.
	There have been no occurrences as described above since the last Police Record Check or Offence Declaration Form that was submitted to Nutrition for Learning and/or WRDSB or WCDSB.
	All reportable matters as described above, were discussed with Nutrition for Learning staff and/or the Executive Director at the time of the occurrence(s).
•	est that the information disclosed herein is true, complete and accurate to the best edge and belief.
Date:	
Program Sch	ool/Church Name:
Name (Pleas	e Print):
Signature:	
Witness (Ple	ase Print):

Witness Signature: _____