

SAFEGUARDING - TIMELINE

Registration of information / initial protection Form N ° 011

STUDENT'S NAME:	
STUDENT'S PARENTS:	
BIRTH DATE	
IS THE STUDENT AWARE OF THE COMPLETION OF THIS FORM?	SI <input type="radio"/> NO <input type="radio"/>
IF THE ANSWER IS "NO" WHY IS THAT?	
IF THE ANSWER IS "YES", DESCRIBE THE STUDENT'S REACTION.	
PERSON WHO INFORMS:	
DATE:	
TIME:	
SIGNATURE:	

SITUATION:

DATE:

SIGNATURE FROM WHO RECEIVES THE RECORD:

DATE: