

Alberta Student Number:



**Temporary Declaration of Legal Name and Age**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
NAME OF PARENT OR GUARDIAN LEGAL NAME OF STUDENT

do hereby declare that he/she was born on \_\_\_\_\_ and that his/her  
DAY/MONTH/YEAR

legal name is as stated above. I commit to providing the principal of \_\_\_\_\_  
NAME OF SCHOOL

school with a birth certificate or other legal documentation to verify this student's legal name and birth certificate within \_\_\_\_\_ months.

I agree that if \_\_\_\_\_ is found to be over or under age he/she will be  
NAME OF STUDENT

withdrawn from attending school within Elk Island Public Schools.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN #1

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN #2

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

The personal information collected on this form is necessary for determining eligibility for an education program and is collected in accordance with the Freedom of Information and Protection of Privacy (FOIP) Act, Section 33. If you have any questions about the collection, use and disclosure of the personal information on this form, please contact the school principal or EIPS' FOIP Coordinator, 683 Wye Road, Sherwood Park, AB T8B 1N2 780-417-8204.