



Temporary Declaration of Legal Name and Age

I _____ parent/guardian of
NAME OF PARENT OR GUARDIAN

_____ do hereby declare that he/she was born
LEGAL NAME OF STUDENT

on _____ and that his/her legal name is as stated above.
day / month / year

I commit to providing the principal of KAMEYOSEK SCHOOL
NAME OF SCHOOL

school with a birth certificate or other legal documentation to verify this student's

legal name and birthdate within _____ months.

I agree that if _____ is found to be
NAME OF STUDENT

underage he/she will be withdrawn from attending school within Edmonton
Public Schools.

SIGNATURE OF PARENT/GUARDIAN

DATE

Personal information collected by Edmonton Public Schools is used for provision of services to students, parents and staff. In circumstances where information may be shared with external agencies, a notice of possible disclosure will be provided and/or explicit consent requested if appropriate.

Questions or concerns regarding any information requested can be directed to the District FOIP Coordinator, at (780) 429-8515 or e-mail records.foip@epsb.ca.