



## Northern Lights School Division No. 69

### Temporary Declaration of Legal Name and Age

I, \_\_\_\_\_ parent/guardian of  
*(Name of Parent or Guardian)*

\_\_\_\_\_ do hereby declare that  
*(Legal Name as shown on Birth Certificate or Legal Documentation)*

he/she was born on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and that his/her legal name  
*Month Day Year*  
is as stated above.

I commit to providing the principal of \_\_\_\_\_  
*(Name of School)*

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

I agree that if \_\_\_\_\_ is  
found to be underage he/she will be withdrawn from attending school within Northern  
Lights School Division No. 69.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Personal information collected by the Northern Lights School Division No. 69 is used for provision of services to students, parents and staff.**

Questions or concerns may be raised with or addressed to the NLSD FOIP Coordinator at 6005-50 Avenue, Bonnyville, Alberta, T9N 2L4, 826-3145 or 1-888-826-3145 or Fax at 826-4600 or with your local school FOIP Coordinator.

