



TEMPORARY DECLARATION OF LEGAL NAME AND AGE

FORM 320-1

Alberta Student #

School

Legal Name of Student

Birth Date of Student (MM/DD/YY)

I commit to providing the school with a birth certificate to verify that this is the legal name and birth date of my child as stated above by the following date

Verification Date

I agree that if my child is found to be over or under age my child will be withdrawn from attending school within Elk Island Public Schools

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Date

Freedom of Information and Protection of Privacy - Notification of Use

The personal information on this form is collected, used, and disclosed in accordance with the Freedom of Information and Protection of Privacy Act, Section 33 to determine eligibility for an education program. If you have any questions about the collection, use, and disclosure of personal information, please contact Elk Island Public Schools' FOIP Coordinator, 683 Wye Road, Sherwood Park, AB T8B 1N2 780-464-3477.