



## ACCESSIBILITY:

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

## STUDENT INFORMATION

Student's Legal Surname

Legal First and Second Names

Date of Birth YYYY/MM/DD

**Please check one in each section – DO NOT COPY DOCUMENTS**

### LEGAL NAME AND DATE OF BIRTH VERIFICATION DOCUMENT

To be entered into Aspen > Student top tab > Details side tab > Demographics sub top tab

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> Certificate of Canadian Citizenship         |
| <input type="checkbox"/> Passport          | <input type="checkbox"/> Record of Landing       | <input type="checkbox"/> Certificate of Registration of Birth Abroad |

### CONFIRMATION OF DATE OF ENTRY & STATUS IN CANADA (IMMIGRANTS ONLY)

To be entered into Aspen > Student top tab > Details side tab > Citizenship sub top tab

Date of Entry into Canada: \_\_\_\_\_

If date is within the previous four school years, complete English as a Second Language/Literacy Development - Pupil Eligibility Confirmation (Form ESL001F)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Record of Landing      | <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> Confirmation of Permanent Residence |
| <input type="checkbox"/> Other (specify): _____ |  |  |

### CONFIRMATION OF ADDRESS DOCUMENT

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Utility Bill   | <input type="checkbox"/> Property Tax Bill | <input type="checkbox"/> Cable/Phone/Internet Bill | <input type="checkbox"/> Purchase/Rental/Lease Agreement |
| <input type="checkbox"/> Bank Document <input type="checkbox"/> Other (specify): _____ (no Driver's Licence or Cell Phone Bill) |  |  |  |

### BOARD/SCHOOL STAFF

I certify that the information contained on this form is accurate as far as I can determine and that I have examined the applicable documentation.

\_\_\_\_\_  
Name of Staff Member

\_\_\_\_\_  
Position

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

### PARENT/GUARDIAN

\_\_\_\_\_  
Name of Parent/Guardian

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

\_\_\_\_\_  
Date

### Disclaimer

Information on this form is collected pursuant to the Board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used for communications, educational planning and to establish the Ontario Student Record (OSR). Limited information may be disclosed beyond the Board for purposes such as: providing Transportation, the school board insurer (in case of accident or witness to an accident), the Public Health Unit - hospital or health officials (in case of an emergency) and the WCDSB Newcomer Centre (if appropriate). Questions regarding the collection/use/disclosure of this information should be directed to the WCDSB Privacy Officer or the principal.

**Completed by:** WCDSB Staff Member who is verifying the documentation

**Distribution:** N/A

**Retention:** Original must be filed in OSR for Audit Purposes (until Superseded)