



Freedom of Information and
Protection of Privacy Provisions

Temporary Declaration of Legal Name and Age

I _____, parent/legal guardian of
NAME OF PARENT OR LEGAL GUARDIAN
_____, do hereby declare that he/she
LEGAL NAME OF STUDENT
was born on _____ and that his/her legal name is as
stated above.

I commit to providing the principal of _____
NAME OF SCHOOL

with a birth certificate or other legal documentation as directed by Alberta Education (as listed on
reverse) to verify this student’s legal name and birthdate within _____ months.

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

underage he/she will be withdrawn from attending school within Sturgeon School Division No. 24.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Sturgeon School Division Use:

Documentation received: <input type="checkbox"/>	_____
	(Type of Documentation)
_____	_____
Staff Initials	Date

The information requested is being collected pursuant to the School Act, Section 23, and the FOIP Act, Sections 33(c), 39(1) (b) and 40 (1) (c). Information acquired through this form is kept secure and access is restricted. For further information, please contact your school principal or Dave Johnson, FOIPP Coordinator at 780-939-4341 or djohnson@sturgeon.ab.ca