

SCHOOL ATTENDANCE DECLARATION
(SECONDARY OR POST-SECONDARY EDUCATION)

CLAIM NO:

STUDENT/DEPENDANT:

STUDENT DECLARATION (TO BE COMPLETED BY STUDENT)

1. DATE OF BIRTH: _____ SOCIAL INSURANCE # _____
2. MAILING ADDRESS OF STUDENT: _____

3. ENROLLED AS A STUDENT AT: _____
4. TYPE OF ENROLLMENT: () FULL TIME () EVENING TIME
() OTHER (Specify - _____)
5. ENROLLED IN: _____
(Specify Course, Grade or Faculty)
6. NORMAL ACADEMIC YEAR FOR ABOVE MENTIONED COURSE:
FROM _____ TO _____
7. WHEN WILL YOUR COURSE ATTENDANCE END? _____

I declare that, to the best of my knowledge, the information given above is true and complete and I will notify the Workers' Compensation Board should I interrupt or terminate attendance at school or university.

DATE

PHONE NO.

STUDENT'S SIGNATURE

SCHOOL OR UNIVERSITY DECLARATION (TO BE COMPLETED BY SCHOOL)

To the best of our knowledge, the above is correct, unless otherwise stated.

SCHOOL OR UNIVERSITY

SIGNATURE & TITLE

DATE

PHONE NO./FAX NO.