

Request for an Ontario Student Record

Please forward the Ontario Student Record for

Surname

First Name

Middle Name

who has enrolled in Grade _____ at

Name of School

Address

I hereby agree to accept responsibility for the record and to use, maintain, transfer and dispose of the record in accordance with the *Ontario Student Record (OSR) Guideline, 2000*.

Principal

Date

Note: All correspondence should be sent to the school listed above and not to the Algonquin and Lakeshore Catholic District School Board Office.