



REQUEST FOR AN OSR BY A PRIVATE, FEDERAL OR FIRST NATION SCHOOL IN ONTARIO

Please forward the Ontario Student Record(s) for:

Surname: _____ First: _____ Middle
Initial: _____

Date of Birth (mmm/dd/yyyy): _____

Enrolled in grade: _____ at St. Jude's Academy (2150 Torquay Mews, Mississauga ON L5N 2M6)

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.

Presy Malan,
Head of Administration _____ Date: _____

Consent:

I grant permission to the proper authorities at:

Name of school presently attending: _____

Address of school presently attending: _____

to send the OSR of the above mentioned student to St. Jude's Academy.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

