



Click on any field to start editing.

**SCHOOL ATTENDANCE DECLARATION
(SECONDARY OR POST-SECONDARY EDUCATION)**

Student/Dependant:

WCB claim number:

STUDENT DECLARATION (TO BE COMPLETED BY STUDENT)

1. Date of birth: _____ (MM/DD/YYYY) Social Insurance Number: _____

2. Mailing address of student: _____

3. Student number (if known): _____

4. Enrolled as a student at: _____

5. Type of enrollment: Full time Evening time Other (specify - _____)

6. Enrolled in: _____

(Specify course, grade or faculty)

7. Normal academic year/semester for above mentioned course:

From: _____ To: _____

8. When will your course attendance end? _____

I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

(MM/DD/YYYY)

Date

Phone

Please print & sign form before mailing/faxing.

Student's signature

SCHOOL OR UNIVERSITY DECLARATION (TO BE COMPLETED BY SCHOOL)

I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

School or University

Please print & sign form before mailing/faxing.

Signature & Title

(MM/DD/YYYY)

Phone/Fax

Date

