



**Lethbridge**  
**SCHOOL DIVISION**

# LETHBRIDGE SCHOOL DIVISION

**433 - 15 STREET SOUTH**  
**LETHBRIDGE ALBERTA**  
**T1J 2Z5**

PHONE: (403) 380 - 5302  
FAX: (403) 327 - 4387

I, \_\_\_\_\_, have not provided a birth certificate to  
*(Name of Parent or Guardian)*

\_\_\_\_\_ at the time of registration for  
*(Name of School)*

\_\_\_\_\_ but I will provide one as proof of legal name,  
*(Name of Student)*  
birth date and citizenship as soon as possible.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*