



**ACCESSIBILITY:**

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

**Note:**

- This affidavit is not valid without signature of witness and date.
- Signing location: KW Multicultural Centre, 715 Fischer-Hallman Rd., Kitchener, ON, Phone: 519-745-2531

I, \_\_\_\_\_, of the City of \_\_\_\_\_,  
(name)

**MAKE OATH AND SAY:**

1. My date of birth is: \_\_\_\_\_ (year, month, day)
2. My current address is: \_\_\_\_\_
3. My country of origin is: \_\_\_\_\_
4. Before coming to Canada, I attended the following schools:
  - Secondary: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
  - Secondary: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
  - Secondary: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
5. The total number of years of schooling that I had before I came to Canada was: \_\_\_\_\_
6. The subjects that I studied which were similar to Ontario senior level courses:
 

7. The reason that I do not have official records of my schooling is:
8. I make this affidavit for the purpose of completing high school here in Ontario and for no other purpose.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (print full name) \_\_\_\_\_  
Date

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

**Notice of Collection**  
Personal information on this form is collected further to section 265 and 266 of the Education Act, and Program Policy Memo 132, further to section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. Information on this form will be used to administer and deliver learning programs administered by St. Louis on behalf of WCDSB. Questions regarding the use of the personal information on this form should be directed to the Principal of St. Louis at 80 Young Street, Kitchener, Ontario, N2H 4Z1, Phone: 519-745-1201; questions concerning privacy or the collection of the personal information on this form should be directed to the Board's Privacy Officer at 35 Weber St. W., -- Unit A, Kitchener, ON, Canada N2H 3Z1, 519-578-3660 or [privacy@wcdsb.ca](mailto:privacy@wcdsb.ca).

**Completed by:** Student 18+  
**Distribution:** Student 18+ → St. Louis Guidance Counsellor  
**Retention:** OSR (Until Graduation)