

This form is intended for students who must confirm that they are enrolled as full-time students. Section 4 must be completed by the registrar or the appropriate authority at the educational institution concerned. A separate form must be used for each student for whom confirmation of enrollment is requested.

## Section 1 Information

### A. Situations for which a confirmation of enrollment is required

You must provide a confirmation of enrollment as a full-time student for your child or your spouse's child or for your brother or sister if he or she studied or is studying full-time at the elementary or secondary level (general education) during the current award year and is 18 years of age or over.

### B. Full-time studies

To be considered a full-time general education student at the elementary or secondary level (youth or adult sector) for a given term, you must be declared a full-time student by the institution you are attending.

## Section 2 Student Information

Last name

Permanent code assigned by the Ministère

First name

## Section 3 Information on the Child, Brother or Sister

Please check the box for the statement that applies to your situation.

- My child or my spouse's child studied full-time or is studying full-time during the current award year and meets the requirement stated in Section 1A above.
- My brother or sister studied full-time or is studying full-time during the current award year and meets the requirement stated above in Section 1A above.

Provide the following information concerning the person for whom a confirmation of enrollment is required.

Last name

Permanent code assigned by the Ministère

First name

# Section 4 Confirmation of Enrollment

This section must be completed by the registrar or the appropriate authority at the educational institution.\*

**Full-time (see Section 1B)**  I confirm that the person named in Section 3 is or was a full-time student.

**Academic year**  -

**Level of education**  Elementary school  
 Secondary school (general education)

Name of educational institution

Number

Street

Direction

(North, South, East, West)

Municipality

Telephone number

Area code

Province

Country

Postal code

I certify that the information I have provided is accurate and complete.

Name of registrar or appropriate authority \_\_\_\_\_

Please print your last name and first name.

Date

Signature X \_\_\_\_\_

\* If you cannot have this form completed before the start of the term, submit your application for financial assistance anyway, and then send the confirmation of enrollment as soon as possible afterward.