



School Code		School Name	
Contact Phone		Contact Name	

Current Student Information (As previously reported to PEN)

Verified

PEN Number		
First Name		
Middle Name		
Last Name		
Gender		
Birthdate DD/MM/YYYY		

Updated Student Information

Legal First Name	
Legal Middle Name	
Legal Last Name	
Gender	
Birthdate DD/MM/YYYY	

Legal Identification Viewed

Document Type Viewed	<input type="radio"/> Canada Birth Certificate	<input type="radio"/> Canada Passport	<input type="radio"/> Driver's License
	<input type="radio"/> Permanent Resident Card	<input type="radio"/> Adoption Court Order	<input type="radio"/> Foreign Passport
	<input type="radio"/> Other Immigration & Citizenship Canada Documents (specify) _____	<input type="radio"/> Legal Name Change Document (specify) _____	
Issue Date:		Expiry Date: (if applicable)	

Comments

Prepared By

Name	
Date	
Signature	

FAX to BC Ministry of Education PEN office: 250 953-0450