



# LISGAR COLLEGIATE INSTITUTE

## Personal Data Verification Form

FORM  
**A**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete this form and return it to the student services office.*

### In-School Activities

**Teachers :** Please verify by signing below, the information provided by this student regarding their involvement in a club or activity you supervised is accurate.

Activity _____	
Total Number of Hours of your Involvement _____	
Print Teacher's Name _____	Teacher's signature _____

Activity _____	
Total Number of Hours of your Involvement _____	
Print Teacher's Name _____	Teacher's signature _____

Activity _____	
Total Number of Hours of your Involvement _____	
Print Teacher's Name _____	Teacher's signature _____

Activity _____	
Total Number of Hours of your Involvement _____	
Print Teacher's Name _____	Teacher's signature _____

Activity _____	
Total Number of Hours of your Involvement _____	
Print Teacher's Name _____	Teacher's signature _____



# LISGAR COLLEGIATE INSTITUTE

## Personal Data Verification Form

FORM  
**A**

### External Activities

Please provide detailed information of your involvement in activities outside the school (ie: music lessons, part-time work, community involvement activities, etc.) including contact information of your supervisors (ie: name, phone numbers and email addresses).

*\*Parents/Guardians may verify this information by signing in place of the supervisor.*

<b>Activity</b> _____	
Total Number of Hours of your Involvement _____	
Supervisor's Phone Number _____	Email Address _____
_____	_____
Name of Supervisor	Supervisor's signature

<b>Activity</b> _____	
Total Number of Hours of your Involvement _____	
Supervisor's Phone Number _____	Email Address _____
_____	_____
Name of Supervisor	Supervisor's signature

<b>Activity</b> _____	
Total Number of Hours of your Involvement _____	
Supervisor's Phone Number _____	Email Address _____
_____	_____
Name of Supervisor	Supervisor's signature

<b>Activity</b> _____	
Total Number of Hours of your Involvement _____	
Supervisor's Phone Number _____	Email Address _____
_____	_____
Name of Supervisor	Supervisor's signature