

Lakeview Public School
35 Corkstown Road
Nepean, Ontario K2H 7V4
(613) 828-8077
lakeviewps@ocdsb.ca



Date: _____

This will confirm that _____
Student name

From class _____

Will be leaving Lakeview Public School.

Student's last day at Lakeview will be _____

Student will be attending the following school:

School Name: _____

School Address: _____

Our new address, if applicable, will be as follows:

Street Address: _____

City: _____

Province / Postal Code: _____

Phone Number: _____

Effective Date of Move: _____

X _____
Signature of Parent or Guardian

For Office Use Only:	
Admissions Binder	___
Class List	___
Enrolment #'s	___
Index Card	___
Library Tech	___
Teacher/OSR	___
OSTA	___