



VERIFICATION OF SCHOOL ATTENDANCE

1. IDENTITY OF THE VICTIM (TO BE COMPLETED BY THE VICTIM OR THE VICTIM'S AGENT)

VICTIM'S SURNAME:		GIVEN NAME:			
ADDRESS (NUMBER, STREET, APT. NO.)					POSTAL CODE
DATE OF ACCIDENT: YR. MO. DAY	DATE STUDIES WERE INTERRUPTED AFTER ACCIDENT: YR. MO. DAY	HAVE STUDIES BEEN RESUMED SINCE THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACTUAL OR PLANNED DATE FOR RESUMPTION OF STUDIES: YR. MO. DAY		
CHECK THE SQUARE AND NOTE THE YEAR OF EDUCATION COMPLETED AT THE TIME OF THE ACCIDENT					
<input type="checkbox"/> ELEMENTARY: GR. ____ (K-VIII)	<input type="checkbox"/> SECONDARY: GR. ____ (IX-XIII)	<input type="checkbox"/> COMMUNITY COLLEGE YR 1 2 3	<input type="checkbox"/> UNIVERSITY YR 1 2 3 4 5 OR MORE	<input type="checkbox"/> OTHER	
SPECIFY THE PROGRAM IN WHICH THE VICTIM WAS ENROLLED AT THE TIME OF THE ACCIDENT:			INDICATE THE PROJECTED DATE FOR THE END OF STUDIES HAD THE ACCIDENT NOT OCCURRED: YR. MO. DAY		
NAME OF THE EDUCATIONAL INSTITUTION:			STUDENT NUMBER:		
ADDRESS (NUMBER, STREET)		TOWN / CITY	PROVINCE	COUNTRY	POSTAL CODE
ACADEMIC SESSION IN PROGRESS AT THE TIME OF THE ACCIDENT	STARTING DATE YR. MO. DAY	ENDING DATE YR. MO. DAY	WAS THE STUDENT ENROLLED IN A COURSE OF STUDIES PAID FOR BY HIS OR HER EMPLOYER OR A GOVERNMENT BODY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
AT THE TIME OF THE ACCIDENT, DID THE VICTIM HOLD EMPLOYMENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO		

2. AUTHORIZATION:

I AUTHORIZE PERSONS IN POSSESSION OF INFORMATION CONCERNING MY EDUCATIONAL BACKGROUND WHICH THE MANITOBA PUBLIC INSURANCE CORPORATION DEEMS RELEVANT TO THIS CLAIM TO RELEASE SAME TO THE MANITOBA PUBLIC INSURANCE CORPORATION UPON REQUEST.

DATE: _____

_____ VICTIM, GUARDIAN, OR AGENT

PLEASE GIVE THIS DOCUMENT TO THE EDUCATIONAL INSTITUTION.

3. DECLARATION BY THE EDUCATIONAL INSTITUTION (SEE NOTE ON REVERSE)

<p>I, THE UNDERSIGNED, DO HEREBY DECLARE 1) THAT AT THE TIME OF THE ACCIDENT THE ABOVE-NAMED PERSON WAS ENROLLED AS A REGULAR STUDENT IN AN ELEMENATRY SECONDARY OR POST-SECONDARY PROGRAM ON A FULL-TIME BASIS AT OUR INSTITUTION, MET ALL ATTENDANCE REQUIREMENTS, AND WAS IN GOOD ACADEMIC STANDING, 2) THAT THE INFORMATION RECORDED IN PART 1 ABOVE IS TRUE AND CORRECT IN ALL RESPECTS.</p>		<p>SEAL OF THE INSTITUTION</p>
_____ SIGNATURE OF THE AUTHORIZED PERSON	_____ DATE	
_____ PRINT NAME		
_____ POSITION	_____ TEL. NO.	
<p>AFTER VALIDATING, SIGNING AND AFFIXING THE SEAL, PLEASE RETURN THE ORIGINAL COPY DIRECTLY TO THE MANITOBA PUBLIC INSURANCE CORPORATION</p>		

NOTE TO EDUCATIONAL INSTITUTIONS

1. THIS DOCUMENT IS ESSENTIAL TO DETERMINING THE ENTITLEMENT OF AN ACCIDENT VICTIM TO COMPENSATION IN THE EVENT THAT THEIR STUDIES WERE INTERRUPTED BY THE ACCIDENT. PLEASE ENSURE THAT IT IS RETURNED PROMPTLY.
2. PLEASE COMPLETE THE DECLARATION AND RETURN THE ORIGINAL COPY OF THE DOCUMENT TO THE MANITOBA PUBLIC INSURANCE CORPORATION.
3. IN THE EVENT THAT CIRCUMSTANCES DO NOT ALLOW COMPLETION OF THE DECLARATION, PLEASE ATTACH A BRIEF COVERING LETTER OUTLINING THE REASONS AND RETURN THE LETTER, WITH THE FORM, TO THE CASE MANAGER.