

**REQUEST FOR AN OSR**  
**FROM A SCHOOL WITHIN ONTARIO**



Please forward the Ontario Student Record (OSR) for:

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Surname	First	Middle
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Name of Previous School

Who has enrolled in Grade \_\_\_\_\_ at **MAC Maple Grove School**.

**Address:** 160 Courtland Avenue East  
Kitchener, Ontario  
N2G 3M6

**Telephone:** (226) 647-8500

**BSID Number:** 665027

This is to certify that MAC Maple Grove is a PRIVATE SCHOOL in Ontario operated by the Muslim Association of Canada.

I hereby agree to accept responsibility for the record and to use, maintain, transfer, and dispose of the record in accordance with the Ontario Student Record (OSR) Guideline, 2000.

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Principal

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Date