

ADDING A DEPENDENT CHILD

Last Name:		SIN#:	XXX	
First Name:		Student ID #:	:	
First Name: Local Phone Number: ()			
Email Address:			_	
ADDRESS CHANGES:				
To change your address for OSAP, please lo	og onto your OSAP web	account to update		
Date of Birth:				
Baby's First Name:				
Baby's Last Name:				
Study Period Child Care Costs (ie				
Is the child disabled: / – yes _ –	no			
Supporting Documentation Requi	red:			
Married Students must provide	e a copy of one of th	e following:		
 record of live birth (from hospita 	l)			
 birth certificate or official "Trave 	l Letter" if birth cert	ificate has beer	n delayed	
 registration of birth 				
<u>Sole-Support Students</u> must pr	rovide a copy of one	of the followin	g:	
 record of live birth (from hospita 	l)			
 birth certificate or official "Trave 	l Letter" if birth cert	ificate has beer	n delayed	
 registration of birth 				
<u>As well as</u> :				
	g whether the child	will reside with	the student full time during	; the
study period				
• when available, a copy c	-		-	
statement which indicates	the name of the pa	rent and the ch	ild included in the benefit	

X _____

Student's Signature

Date

Updated: May 2021/jv