Oakbridge Guardians Ltd

Identity / ID Check

F009
Printable / fillable copy

Submit identity details and a copy of ID for a person linked to an Oakbridge student.

Complete on a computer (type into the boxes) or print and write clearly in black ink. Tick Yes or No where shown. Boxes with lines are for longer answers. Return the completed form to Oakbridge. Fields marked * are required.

Accepted documents: passport, national ID card, or driving licence. Attach a clear photocopy or scan of the ID (both sides if applicable) when you return this form. Use one form per person.

1. Student identification

Do you know the Oakbridge Student ID (OSID)? *

☐ Yes ☐ No

Oakbridge Student ID (OSID) — one character per box

☐ ☐ ☐ ☐ ☐

If known, enter the 5-digit OSID. New registrations leave this blank.

Student first name *

Student surname *

Preferred name

Date of birth (DD/MM/YYYY) *

School *

2. Person whose identity is being checked

Tick the role that best describes this person. If Other, write details in the box below.

Student?

☐ Yes ☐ No

Parent / legal guardian?

☐ Yes ☐ No

Emergency contact?

☐ Yes ☐ No

Other contact?

☐ Yes ☐ No

Host / family friend (accommodation)?

☐ Yes ☐ No

Regular driver / collector?

☐ Yes ☐ No

One-off driver / collector?

☐ Yes ☐ No

Family friend?

☐ Yes ☐ No

Other?

☐ Yes ☐ No

If Other, write the role here

Full name of person *

Date of birth (DD/MM/YYYY)

Nationality

Relationship to student

Telephone

Email

3. Identity document

Tick one document type. Enter the details exactly as shown on the document.

Passport?

☐ **Yes** ☐ **No**

National ID card?

☐ **Yes** ☐ **No**

Driving licence?

☐ **Yes** ☐ **No**

Document number *

Expiry date (DD/MM/YYYY)

Country of issue *

Have you attached a clear copy of this ID? *

☐ **Yes** ☐ **No**

4. Context

Why is this ID check needed? (e.g. travel collection, accommodation stay, new contact)

5. Declaration

If a student is completing this form, a parent / legal guardian must still review and approve it before Oakbridge treats it as final.

- The information and ID copy provided are accurate and relate to the person named above.
- I understand Oakbridge will use this information for safeguarding and identity verification.
- I have authority to provide this information (or I am the person named).

I confirm that I have read, understood and agree to the statements above. *

☐ **Yes** ☐ **No**

Declarant full name *

Date (DD/MM/YYYY) *

Signature — type full name, or sign in the box if printing *