



CUSTODIANSHIP DECLARATION - CUSTODIAN FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION

| | | | | |
|---|---------------|-------------|--|--|
| Family name | Given name(s) | Citizenship | Date of birth Y M D | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Name and address of school in Canada | | | | |
| Address where student will reside in Canada | | | | |

PARENTS/GUARDIANS INFORMATION (Preferably from both parents/guardians)

| | Parent/Guardian 1 | | Parent/Guardian 2 | |
|------------------|---|---------------|---|---------------|
| Full name | Family name | Given name(s) | Family name | Given name(s) |
| Date of birth | Y M D | | Y M D | |
| Home address | | | | |
| Telephone number | | | | |

CUSTODIAN INFORMATION

| | | | |
|--------------|---------------|---|--|
| Family name | Given name(s) | Status in Canada <input type="checkbox"/> Canadian citizen or <input type="checkbox"/> Permanent resident | Date of birth Y M D |
| Home address | | | Telephone no. |

The application of the official seal below confirms that the notary public has received evidence that the custodian is a Canadian citizen or a permanent resident, is over 19 years of age, and currently resides at the home address stated above.

I, _____ (name of custodian), hereby solemnly declare that I will undertake the full custodianship for the said student, _____ (name of student), during his/her stay in Canada, while under the age of majority in the province in which he/she resides. As a custodian, I have made the necessary arrangements for the care and support of the said student in place of the parents as appropriate. By signing this custodian agreement, I certify that I reside within a reasonable distance of the student's intended residence and school and will be able to fulfil my obligations as a custodian in the event of an emergency.

Signature of custodian Date

Sworn before me at: _____ (city), in the province of _____ (province/territory), _____ country (if applicable).

This _____ day of _____ (month), _____ (year).

Signature of notary

OFFICIAL SEAL OF NOTARY PUBLIC



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STUDENT INFORMATION

| | | | | |
|---|---------------|-------------|--|--|
| Family name | Given name(s) | Citizenship | Date of birth Y M D | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Name and address of school in Canada | | | | |
| Address where student will reside in Canada | | | | |

PARENTS/GUARDIANS INFORMATION (Preferably from both parents/guardians)

| Full name | Parent/Guardian 1 | | Parent/Guardian 2 | |
|------------------|---|---------------|---|---------------|
| | Family name | Given name(s) | Family name | Given name(s) |
| Date of birth | Y M D | | Y M D | |
| Home address | | | | |
| Telephone number | | | | |

CUSTODIAN INFORMATION

| | | | |
|-----------------------------|---------------|---|--|
| Family name | Given name(s) | Status in Canada <input type="checkbox"/> Canadian citizen or <input type="checkbox"/> Permanent resident | Date of birth Y M D |
| Current residential address | | | Telephone no. |

My/Our child will reside: with the appointed custodian, in the school dormitory, or
 with another person: _____ (please provide name and indicate relationship).

I/We, _____ and _____ (names of parents/guardians),
the parents/guardians of the said student, _____ (name of student), hereby grant full custodianship to

_____ (name of custodian), during the student's stay in Canada, while he/she is under the age of majority in the province in which he/she resides. I have made the necessary arrangements for the care and support of the said student such that the custodian should act in the place of me/us, the parents. By signing this custodian agreement, I/We affirm that I am/we are satisfied the above appointed custodian resides within a reasonable distance of my/our child's intended residence and school and will be able to fulfil his/her obligations as a custodian in the event of an emergency.

| | |
|---|---|
| _____ Year Month Day Signature of parent/guardian (1) Date | _____ Year Month Day Signature of parent/guardian (2) Date |
|---|---|

Sworn before me at: _____ (city), in the province of _____ (province/territory), _____ country (if applicable).

This _____ day of _____ (month), _____ (year).

_____ Signature of notary
OFFICIAL SEAL OF NOTARY PUBLIC