

CUSTODIANSHIP DECLARATION -CUSTODIAN FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION											
Family name	Given nar	ne(s)	Citizenship		Date of birth	D	Gender				
						1 .	F Female				
Name and address of school in Canada							M Male				
							X Another gender				
Address where student will reside in Canada											
PARENTS/GUARDIANS INFOR	RMATION (Pre	ferably from both pare	nts/guardians)								
		Parent/Guardian	1.		Parent/0	Guardian 2					
Full name	Family name	Given	name(s)	Family	name	Given na	me(s)				
Date of birth		Y M	D l ı l		Y	М .	D I . I				
Home address											
							*				
Telephone number											
CUSTODIAN INFORMATION					7						
Family name		Given name(s)			n Canada	Date of birth Y M D					
					Canadian citizen or Permanent resident	Y M D					
Home address						Telephon	ne no.				
						State Cont. The state of the St					
The application of the official seal b	elow confirms th	at the notary public has re-	ceived evidence that the cus	todian is a	Canadian citizen or a perm	nanent res	ident is over 10 years of				
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 their stay in Canada, while under the ago of majority in the											
province in which they reside. 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 emerge	ency.	and mining a reaconable a	station of the stadents line	rided resid	ence and school and will b	le able to	idili iliy obligations as a				
			Year	Month	Day						
Signature of custodian Date											
Sworn before me at:		(city), in the province	e of	(provinc	ce/territory),		_ country (if applicable).				
Thisday of		(month),	(year).								
OFFICIAL OF ALCE MOTARY SUBJECT											
Signature of notary				OFFICIAL SEAL OF NOTARY PUBLIC							





CUSTODIANSHIP DECLARATION PARENTS/GUARDIANS FOR MINORS STUDYING IN CANADA

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						Υ	. M	. D	F Female		
Name and address of school in Ca	nada										
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Address where student will reside i	n Canada										
PARENTS/GUARDIANS INFORMATION (Preferably from both parents/guardians)											
PARENTS/GUARDIANS INFO	OKMATION (Preferably from both parents/guardians)										
		Parent/Guardian 1			Parent/Guardia				8		
Full name	Family name		Given name(s)		Family name		Given name(s)				
Date of birth		Y	M D	M D			Υ	Μ .	D I . I		
Home address											
Telephone number											
CUSTODIAN INFORMATION											
Family name		Given name(s)			Status in Canada Date of birth						
						anadian citiz ermanent re		Y	M D		
Current residential address				<u> </u>	Cirianoni ic	Sident	Telephor	ne no			
								, olopiioi			
My/Our child will reside: w	vith the appointed	custodian in	the school dormitory								
	vith another persor						7-1	.,			
	nui another persor						(please pro	vide name a	and indicate relationship).		
I/We, and (names of parents/guardians),								nts/guardians),			
the parents/guardians of the said student, (name of student), hereby grant full custodianship to											
province in which they recide 1 b	d- th-		(name of custodian)), during the stud	dent's stay	/ in Canada,	while they	are under th	ne age of majority in the		
province in which they reside. I have parents. By signing this custodian	agreement, I/We	affirm that I am/we	are satisfied the abo	ove appointed cu	id student istodian re	such that the sides within	e custodian a reasonabl	should act ii e distance c	the place of me/us, the f my/our child's intended		
residence and school and will be a	able to fulfil their o	bligations as a cust	odian in the event of	an emergency.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Year	Month Day					V	ear Month Day		
			لـــــــــــــــــــــــــــــــــــــ						I I I I I I		
Signature of parent/guardian (1) Date Signature of parent/guardian (2)							Date				
Sworn before me at:		(city), in the	province of		(province	e/territory),			country (if applicable).		
This day of		(month),	(year).		_	-			_		
Signature of notary OFFICIAL SEAL OF NOTARY PURLIC											

