



CUSTODIANSHIP DECLARATION - CUSTODIAN FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION

Family name (Surname) (as shown on passport/travel document)	Given name(s) (as shown on passport/travel document)	Citizenship	Date of birth Y M D	Gender <input type="checkbox"/> F Female <input type="checkbox"/> M Male <input type="checkbox"/> X Another gender
Full name and complete address of the school in Canada				
Address where student will reside while in Canada				

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

	Parent/Guardian 1		Parent/Guardian 2	
Full name	Family name (Surname) (as shown on passport/travel document)	Given name(s) (as shown on passport/travel document)	Family name (Surname) (as shown on passport/travel document)	Given name(s) (as shown on passport/travel document)
Date of birth	Y M D		Y M D	
Home address				
Telephone number				

CUSTODIAN INFORMATION

Family name (Surname) (as shown on passport/travel document)	Given name(s) (as shown on passport/travel document)	Status in Canada <input type="checkbox"/> Canadian citizen <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, _____ (full name of custodian), hereby solemnly declare that I will undertake the full custodianship for the said student,

_____ (full name of student), during their stay in Canada, while under the age 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 emergency.

Signature of custodian

Date

Year Month Day

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



CUSTODIANSHIP DECLARATION - PARENTS/GUARDIANS FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION

Family name (Surname) (as shown on passport/travel document)	Given name(s) (as shown on passport/travel document)	Citizenship	Date of birth Y M D	Gender <input type="checkbox"/> F Female <input type="checkbox"/> M Male <input type="checkbox"/> X Another gender
Full name and complete address of the school in Canada				
Address where student will reside while in Canada				

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

	Parent/Guardian 1		Parent/Guardian 2	
Full name	Family name (Surname) (as shown on passport/travel document)	Given name(s) (as shown on passport/travel document)	Family name (Surname) (as shown on passport/travel document)	Given name(s) (as shown on passport/travel document)
Date of birth	Y M D		Y M D	
Home address				
Telephone number				

CUSTODIAN INFORMATION

Family name (Surname) (as shown on passport/travel document)	Given name(s) (as shown on passport/travel document)	Status in Canada <input type="checkbox"/> Canadian citizen <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 _____ (full names of parents/guardians),

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

_____ (full name of custodian), during the student's stay in Canada, while they are under the age of majority in the province in which they reside. 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 their obligations as a custodian in the event of an emergency.

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



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Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, and strategy development and reporting.

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