



# CUSTODIANSHIP DECLARATION - CUSTODIAN FOR MINORS STUDYING IN CANADA

## STUDENT INFORMATION

Family name	Given name(s)	Citizenship	Date of birth Y M D	Gender <input type="checkbox"/> F Female <input type="checkbox"/> M Male <input type="checkbox"/> X Another gender
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 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

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	Given name(s)	Citizenship	Date of birth Y      M      D	Gender <input type="checkbox"/> F Female <input type="checkbox"/> M Male <input type="checkbox"/> X Another gender
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
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 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      Date      Year      Month      Day      Date  
**Signature of parent/guardian (1)**      **Signature of parent/guardian (2)**

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