## **CUSTODIANSHIP DECLARATION - (CUSTODIAN)**

STUDENT Information							
Student Name	Citizenship	Date of Birth (dd/mm/yyy					
	l						
Name and address of Schoo	in Canada		<u> </u>				
PARENT/GUARDIAN Information							
Full Name		Date of Birth (dd/mm/yyyy)					
Current Address		Telephone (Home)	Telephone (Work)				
		( ) -	( ) -				
		E-mail Address					
CUSTODIAN Information							
		ate of Birth (dd/mm/yyyy)					
Present Position	F-r	mail Address					
1 TOOCHET COMOT	-	naii / taarooo					
Current Address	Te	elephone (Home)					
	(	) -					
	le (	lephone (Work)					
		, -					
l,	(name of c	ustodian), solemnly declare tl	hat I am a Canadian				
		over the age of 18 years. I her					
the full custodianship for the	said student	n the Province of	nt name) during				
name).	under legal age i		(province				
·							
As a custodian, I have made the necessary arrangements for the care and support of the said							
student in place of the said parent (name of parent or guardian in times of emergency, such as when medical attention or intervention is required, but also for							
day-to-day care and supervis			4,				
Ciamatura of austadiam		Data					
Signature of custodian:		Date:					
Sworn before me at: (city), in the Province of (province/territory),							
in the Province of(province/territory),Country (if applicable)							
Thisday of(month),(year)							
Signature of Notary:		Official Cool o	of Notary Public				
annianne of Motaty.		Umiciai 50al 6	u woiary Public				

## CUSTODIANSHIP DECLARATION - (PARENT/GUARDIAN)

STUDENT Information								
Student Name	Citizenship	Date of Birth (d	d/mm/yyyy)	Sex				
			I I I I I I	M:[] F:[]				
Name and address of Schoo	l in Canada							
Trains and address of Solisof in Sandaa								
PARENT/GUARDIAN Information								
Full Name		Date of Birth (dd/m	m/yyyy)					
Current Address		Telephone (Home)		elephone (Work)				
		( ') - '	(	·) - ´				
		E-mail Address						
OUOTODIAN Information								
CUSTODIAN Information  Full Name  Date of Birth (dd/mm/yyyy)								
ruii Name			/yyy) 					
Present Position E		-mail Address	, , , , , , , , , , , , , , , , , , ,					
Current Address T		elephone (Home)						
	T.	elephone (Work)						
		) -						
or legal guardian of the Stude care. I have granted my auth Custodian to act in place of nintervention is required, but a appropriate.  The Custodian will be legally province or territory of  Signature of parent/guardian Sworn before me at:	ent. While the Storization and adne in times of eralso for day-to-dates responsible for(provent:	lequate arrangement mergency, such as way care and supervise the Student until shewince/territory)	she/he will be ts have been then medical tion of the Stu e/he is of lega	e in the Custodian's made for the attention or udent as				
Sworn before me at:in the Province of Country (if a	(province/te	rritory),						
Thisday of(n	nonth),	_(year)						
Signature of Notary:		Offic	cial Seal of N	lotary Public				