

CUSTODIANSHIP DECLARATION - CUSTODIAN FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION						
Family name	Given name(s)	Citizenship	Date of birth Y M	Gender D F Female		
Name and address of school in Car	nada			M Male X Another gender		
Address where student will reside in	1 Canada			Ì		
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 Canadian citizen or 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, ₁₈		(name of custodia	an), hereby solemnly declare that I will und	ertake the full custodianship for the		
	, I certify that I reside within a rea	ecessary arrangements for the car	of student), during their stay in Canada, wi re and support of the said student in plac s intended residence and school and will	e of the parents as appropriate. By		
		Ye	ear Month Day			
Signature of custodian Date						
Sworn before me at:	(city), in t	he province of	(province/territory),	country (if applicable).		
Thisday of	(month),	(year).				
-	Signature of notary		OFFICIAL SEAL OF NO	DTARY PUBLIC		



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	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		. 1 1 1/ 1				
Telephone number						
CUSTODIAN INFORMATION			*			
Family name	Given name(s)		Status in Canada Canadian citizen c Permanent resider			
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				(names of parents/guardians),		
the parents/guardians of the said student, (name of student), hereby grant full custodianship to						
parents. By signing this custodian		ents for the care and supported are satisfied the above a	ort of the said student such that the cu appointed custodian resides within a re	le they are under the age of majority in the stodian should act in the place of me/us, the asonable distance of my/our child's intended		
Signature of parent/guar	Year L rdian (1) Da	Month Day L L L L L L L L L L L L L L L L L L L	Signature of parent/guardian (2)	Year Month Day L L L L L L L L L L L L L L L L L L L		
Sworn before me at:	(city), in the	e province of	(province/territory),	country (if applicable).		
Thisday of	(month),	(year).				
	Signature of notary	.	OFFICIAL SEA	I OE NOTARY RURI IC		





Immigration, Refugees

and Citizenship Canada

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, provincial/territorial governments, foreign governments for the purpose of validating identity, eligibility and admissibility, to designated learning institutions for the purpose of validating identity, eligibility, and information, to financial institutions for the purpose of validating information, and to medical practitioners for the purpose of validating eligibility.

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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