## CUSTODIANSHIP DECLARATION CUSTODIAN FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION					
Family name (Surname) (as shown on passport/travel document)	me (Surname) (as shown on ravel document)  Given name(s) (as shown on passport/ travel document)  Citizen		Date of birth	M D Gender	
Full name and complete address of the s	school in Canada			F Female  M Male  X Another gende	
Address where student will reside while i	n Canada	,			
DADENTO/CUADDIANO INFORMA					
PARENTS/GUARDIANS INFORMA	TION (Preferably from both parents	/guardians			
Full name Family name (Surname) (as shown on	Parent/Guardian 1			Guardian 2	
document)	Given name(s) (as shown on passport/b	ravel 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	
birth					
Home address					
Telephone number					
CUSTODIAN INFORMATION					
Family name (Surname) (as shown on patravel document)	Given name(s) (as shown on page document)	ven name(s) (as shown on passport/travel cument)		Date of birth Y M D	
Home address			Permanent resident	Telephone no.	
The application of the official seal below age, and currently resides at the home at I,			at the custodian is a Canadian citizen or		
reside. As a custodian, I have made the agreement, I certify that I reside within a an emergency.		ng their stay in	Canada, while under the age of majority	in the province in which they	
			Year Month Day		
Signature of custodian			Date		
Sworn before me at:	(city), in the province of		(province/territory),	country (if applicable).	
Thisday of	(month),(year	).			
Signat	ure of notary		OFFICIAL SEAL O	F NOTARY PUBLIC	



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## CUSTODIANSHIP DECLARATION PARENTS/GUARDIANS FOR MINORS STUDYING IN CANADA

STUDENT	TINFORMATION									
			ne(s) (as shown on passport/ Citizenship		Date of birth			Gender		
passporuti	avei document)	travel docu	iment)			Y	M	D	F Female	
Full name a	and complete address of the s	chool in Can	ada							
	and complete dad coo of allo o	onoor in oan	aud						M Male	
			,						X Another gender	
Address wh	here student will reside while in	n Canada				-				
100	,									
PARENTS	GUARDIANS INFORMA	TION (Pref	erably from both parents	/guardians	3)			,		
			Guardian 1	9		Parer	t/Guardia	n 2		
Full name	Family name (Surname) (as shown on document)	passport/travel	Given name(s) (as shown on passport/travel document)		Family name (Surname) (as shown on passport/travel					
	documenty		l l l l l l l l l l l l l l l l l l l	aver accumenty	document)		Given n	ame(s) (as s	shown on passport/travel document)	
Date of		Υ	M D			· ·	M	D		
birth							1 "	1 1	-1	
Home										
address	address									
Telephone										
Telephone number										
CUSTODIA	AN INFORMATION									
Family nam	ne (Surname) (as shown on pa	ssport/	Given name(s) (as shown on	passport/trav	vel Status i	n Canada		Date of b	irth	
travel document) document)					Canadian citizen		Y	M D		
Current resi	idential address				Permanent resident					
Current residential address								Telephon	ne no.	
My/Our ch	ild will reside: with the	appointed co	ustodian, in the school of	formitory, or						
	with and	ther person:			(please	provide name and	indicate	relationsh	nip).	
I/We,			and			(full names	of parents	s/auardia	ne)	
the parents	s/guardians of the said studen								113,	
uio parent	orgunitation the said studen				_ (full name of stude	nt), hereby grant fu	II custodia	nship to		
hey	reside. I have made the nece	ssarv arrano	_ (full name of custodian), duri	ing the stude	nt's stay in Canada, v	while they are unde	r the age	of majorit	ty in the province in	
11.	s custoulan agreement, I/vve	amim mat i a	m/we are satisfied the above	appointed ci	ustodian resides with	in a reasonable dis	tance of r	ny/our ch	or me/us, the parents. By hild's intended residence	
á,	and will be able to fulfil their o	obligations as	a custodian in the event of ar	n emergency.						
			Year Month Da	av				Ye	ear Month Day	
_				1				1	ear Month Day	
	lature of parent/guardian (	1)	Date		Signature of par	rent/guardian (2)			Date	
Sworn before me at: (city), in the province of			(province/territory), country (if applicable).							
This	day of		(month), (year	r).						
	Signature of notary OFFICIAL SEAL OF NOTARY PUBLIC									
		-								



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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 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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