



# 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

Year                      Month                      Day  
\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of parent/guardian (1)      Year    Month    Day      Date      Signature of parent/guardian (2)      Year    Month    Day      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



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.

Failure to complete the form in full may result in a delay or the application not being processed. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the [Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank – IRCC PPU 051.