



# CUSTODIANSHIP DECLARATION - CUSTODIAN FOR MINORS STUDYING IN CANADA

## STUDENT INFORMATION

Student's full name	Citizenship	Date of birth Y            M            D	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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		
Date of birth	Y            M            D	Y            M            D
Home address		
Telephone number		

## CUSTODIAN INFORMATION

Full name	Status in Canada <input type="checkbox"/> Canadian citizen or <input type="checkbox"/> Permanent resident	Date of birth Y            M            D
Home address		Telephone number

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 his/her stay in Canada, while under the age of majority in the province in which he/she resides. 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 OBLIGATIONS**

In particular, but not limited to, I accept the following responsibilities as custodian of this child. I will:

1. Handle all communication with the International Education Program and/or school of the Coquitlam School District (hereinafter called "the District") including report cards, parent-teacher interviews and any disciplinary action. At any meetings called for by the District, the custodian might be responsible for translation services.
2. Ensure student maintains proper medical coverage pertaining to the District policy, and is prepared to make decisions relating to medical emergencies and any costs incurred for emergency care.
3. Monitor the student's health and medical care.
4. Ensure the Study Permit is always kept up to date and that a valid copy is provided promptly to the International Education office.
5. Monitor the student's attendance, punctuality and academic performance.
6. Encourage the student to take full advantage of the educational system and ensure that they attend regularly and complete all of their assignments.
7. Monitor the student's behaviour as defined by the District and the District Code of Conduct.
8. Ensure that the student is at all times supervised by a responsible adult in a home environment which is safe and supportive of learning.
9. Take an interest in the student's activities and friends.
10. Foster opportunities for the student to take part in activities that will increase awareness of Canadian culture.
11. Inform the school and student's parents of any concerns regarding the student.
12. Notify the International Education Program in writing immediately in the event this custodianship is terminated with the notification of termination from the parent(s).

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*Signature of Custodian*



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

## STUDENT INFORMATION

Student's full name	Citizenship	Date of birth Y                      M                      D	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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		
Date of birth	Y                      M                      D	Y                      M                      D
Home address		
Telephone number		

## CUSTODIAN INFORMATION

Full name	Status in Canada <input type="checkbox"/> Canadian citizen or <input type="checkbox"/> Permanent resident	Date of birth Y                      M                      D
Current residential address		Telephone number

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 he/she is under the age of majority in the  
province in which he/she resides. 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 his/her obligations as a custodian in the event of an emergency.

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

**Signature of parent/guardian (1)**                      **Date**                      **Signature of parent/guardian (2)**                      **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**



