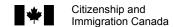


CUSTODIANSHIP DECLARATION -CUSTODIAN FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION					
Family name	Given name(s)	Citizenship	Date of birth Y M	D Sex Male Female	
Name and address of school in Ca	nada				
Address where student will reside i	ı Canada				
PARENTS/GUARDIANS INFO	RMATION (Preferably from	ı both parents/guardians)			
		ent/Guardian 1	Pare	t/Guardian 2	
Full name	Family name	Given name(s)	Family name	Given name(s)	
Date of birth	Y 1 1	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 age, and currently resides at the h		public has received evidence that the	e custodian is a Canadian citizen or a p	permanent resident, is over 19 years of	
I, (name of custodian), hereby solemnly declare that I will undertake the full custodianship for the					
said student, the province in which he/she resic By signing this custodian agreem custodian in the event of an emer	ent, I certify that I reside within a	e the necessary arrangements for th	e care and support of the said student	ada, while under the age of majority in in place of the parents as appropriate. will be able to fulfil my obligations as a	
		Yea	ar Month Day		
s	ignature of custodian		Date		
Sworn before me at:	(city), ir	the province of	(province/territory),	country (if applicable).	
Thisday of	(month)	,(year).			
	Signature of notary		OFFICIAL SEAL OF	NOTARY PURI IC	





CUSTODIANSHIP DECLARATION - PARENTS/GUARDIANS FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION							
Family name	Given name(s)	Citizen	ship	Date of birth	5	Sex	
				Y	M D	Male Female	
Name and address of school in Ca	nada						
Traine and address of concernit od	nada						
Address where student will reside i	n Canada						
PARENTS/GUARDIANS INFO	RMATION (Preferably f	rom both parents/gu	ardians)				
		Parent/Guardian 1		Parent/Guardian 2			
Full name	Family name	Given name(s)		Family name		Given name(s)	
D 4 5111	,	/ M D			Y	M D	
Date of birth							
Home address							
Telephone number							
CUSTODIAN INFORMATION				!			
Family name	Given n	ame(s)		Status in Canada		Date of birth	
				Canadian citizen		Y M D	
Current residential address				Permanent resid			
Current residential address						Telephone no.	
My/Our child will reside:	vith the appointed custodian	in the school dorm	nitory, or				
O w	vith another person:			(r	lease provid	e name and indicate relationship).	
_							
I/We,		and			(name	es of parents/guardians),	
the parents/guardians of the said student,				(name of student), hereby grant full custodianship to			
3				•	,. , ,	·	
province in which he/she resides.	I have made the necessary	arrangements for the ca	re and support of the	said student such that the	ne custodian	s under the age of majority in the should act in the place of me/us,	
the parents. By signing this cust intended residence and school an					vithin a reas	onable distance of my/our child's	
intended residence and school an		ear Month Day	ir iir the event of air e	inergency.		Year Month Day	
	· · · · · · · · · · · · · · · · · · ·	i l l l l	I				
Signature of parent/gua	rdian (1)	Date	Signati	ure of parent/guardian (2)	Date	
Sworn before me at:	(cit	y), in the province of		(province/territory),		country (if applicable).	
Thisday of	(me	onth),(year).				
	Signature of notary		_	OFFICIAL SE	AL OF NOT	ARY PUBLIC	





NANCY CAMPBELL ACADEMY

45 Waterloo Street South Stratford, Ontario. N5A 4A8 Canada

T 519-272-1900 info@nancycampbell.ca nancycampbell.ca

LETTER OF ACCEPTANCE

Date:

1. Family name	2. First name
3. Date of birth (YYYY-MM-DD)	4. Student ID number
5. Student's full mailing address	6. Start date (YYYY-MM-DD): Completion date (YYYY-MM-DD): or minimum years of full-time studies
7. Name of school/institution	8. Level of study non-ESL ESL
9. Program/Major/Course	10. Full-Time Part-Time Hours of instruction per week:
11. Academic year of study which the student will enter (e.g. Year 2 of 3-year program) Year of a program	12. Late registration date (YYYY-MM-DD)
13. Condition of acceptance specified as clearly as possible	14. Estimated tuition fee and boarding fee for this course
15. Scholarship/Teaching assistantship	16. Exchange student ☐ Yes ☐ No
17. Licensing information where applicable for private institution ☐ Yes ☐ No ☐ N/A	18. If destined to Quebec, has CAQ information been sent to student? □ Yes □ No □ N/A
<pre>19. Guardianship/Custodianship details if applicable</pre>	20. Internship/Work practicum Yes No If yes,length of internship/work practicum:
21. Other relevant information	
	has been received. Scholarship and/or Bursary en granted. Remainder of fees due 30 days upon to start date.
22. Signature of institution representative	23. Name of institution representative