



CUSTODIANSHIP DECLARATION - CUSTODIAN FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION

Family name	Given name(s)	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	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 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



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STUDENT INFORMATION

Family name	Given name(s)	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	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 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)			Signature of parent/guardian (2)		
Date			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



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. <input type="checkbox"/> Full-Time <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Licensing information where applicable for private institution <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	18. If destined to Quebec, has CAQ information been sent to student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19. Guardianship/Custodianship details if applicable	20. Internship/Work practicum <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, length of internship/work practicum:
21. Other relevant information Deposit in the amount of \$ CAD has been received. Scholarship and/or Bursary in the amount of \$ CAD has been granted. Remainder of fees due 30 days upon arrival. Student may arrive any time prior to start date.	
22. Signature of institution representative	23. Name of institution representative