

## APPLICATION FOR CUSTODIANSHIP PROGRAM IN CANADA

We, the parents/legal guardians of the child named below, hereby appoint a representative of the Custodianship Student Support Agency to act as our child's legal guardian for the duration of our child's stay as an unaccompanied minor studying in Canada.

### STUDENT'S INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender F      M      Birth Date \_\_\_\_\_  
day      month      year

Name and Address of the School in Canada \_\_\_\_\_

The Period of Custodianship Required \_\_\_\_\_  
From      To

### PARENT/LEGAL GUARDIANS' INFORMATION

Mother	Father
Full Name:	Full Name:
Birth Date:	Birth Date:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Home address:	
Home Phone:	

Medical Emergencies: If you cannot be contacted, do you provide your consent to all emergency medical or dental treatment including general or local anaesthetic, surgery or blood transfusions which might be necessary in the option of the qualified doctor under Ontario Health regulations?      Yes      No

Do you consent to the administration of medications sold over the counter (cough medicine, paracetamol, nasal and eye drops) in the pharmacy?      Yes      No

By signing this application form, we confirm that we read and we understood the Statement of Terms and Conditions for the Custodianship of International students in Canada and agree to the terms and conditions as indicated. We agree to pay the associated custodianship fees as indicated in the Custodianship Student Support Agency's invoice.

**Signature of the Child's Mother**

**Signature of the Child's Father**

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Date Signed