



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

### STUDENT INFORMATION

Family name SOBRENOMES ALUNO	Given name(s) PRIMEIRO NOME DO ALUNO	Citizenship CIDADANIA	Date of birth Y M D	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name and address of school in Canada QUEST LANGUAGE STUDIES 433 YONGE STREET - TORONTO, ONTARIO MB5 1T3 PHONE: 416-962-2272				
Address where student will reside in Canada 89 CHESTNUT RESIDENCE 89 CHESTNUT STREET - TORONTO, ONTARIO M5G 1R1 PHONE: 416-977-0707				

### PARENTS/GUARDIANS INFORMATION (Preferably from both parents/guardians)

	Parent/Guardian 1	Parent/Guardian 2
Full name	Family name SOBRENOME RESP. 1 Given name(s) NOME RESP. 1	Family name SOBRENOME RESP. 2 Given name(s) NOME RESP. 2
Date of birth	Y M D	Y M D
Home address	ENDEREÇO RESIDENCIAL RESPONSÁVEL 1	ENDEREÇO RESIDENCIAL RESPONSÁVEL 2
Telephone number	TELEFONE RESPONSÁVEL 1	TELEFONE RESPONSÁVEL 2

### CUSTODIAN INFORMATION

Family name TASLIMI	Given name(s) MARC	Status in Canada <input checked="" type="checkbox"/> Canadian citizen or <input type="checkbox"/> Permanent resident	Date of birth Y M D 1 9 6 6   0 5   0 5
Current residential address 8 LOUISE AVENUE, TORONTO, ONTARIO, M6C 1E4			Telephone no. (416) 697-2272

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, \_\_\_\_\_ NOME COMPLETO RESPONSÁVEL 1 and \_\_\_\_\_ NOME COMPLETO RESPONSÁVEL 2 (names of parents/guardians),

the parents/guardians of the said student, \_\_\_\_\_ NOME COMPLETO ALUNO (name of student), hereby grant full custodianship to

\_\_\_\_\_ MARC TASLIMI (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.

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