

CUSTODIANSHIP DECLARATION – (PARENT/GUARDIAN)

STUDENT INFORMATION

STUDENT NAME Family Name	Given Names
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PARENT/GUARDIAN INFORMATION

NATURAL PARENT GUARDIAN

MOTHER'S FULL NAME AND CURRENT ADDRESS		FATHER'S FULL NAME AND CURRENT ADDRESS	
DATE OF BIRTH _____ mm / dd / yyyy	E-MAIL ADDRESS	DATE OF BIRTH _____ mm / dd / yyyy	E-MAIL ADDRESS
TELEPHONE (Home)	TELEPHONE (Work)	TELEPHONE (Home)	TELEPHONE (Work)

CUSTODIAN INFORMATION

FULL NAME	DATE OF BIRTH	
PRESENT POSITION	EMAIL ADDRESS	
CURRENT ADDRESS 1401 - 15th Street, Vernon, B.C. Canada V1T 8S8	TELEPHONE (Home)	TELEPHONE (Work) (250) 542-3331

DECLARATION

I, _____ (*name of parent/guardian*), solemnly declare that I am the parent or legal guardian of the above named Student. While the Student is in Canada, she/he will be in the care of **School District #22 (Vernon)** and the Custodian appointed by School District #22 (Vernon). I have granted my authorization and adequate arrangements have been made for School District #22 (Vernon) and the appointed Custodian to act in place of me in times of emergency, such as when medical attention or intervention is required, but also for day-to-day care and supervision of the Student as appropriate.

The Custodian appointed by SD #22 will be legally responsible for the Student until she/he is of legal age in the province or territory of _____ (province/territory).

Signature of parent/guardian: _____

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