Dufferin-Peel Catholic District School Board
40 Matheson Boulevard West, Mississauga, ON, L5R 1C5, Tel: (905) 890-1221

ADMISSIONS DEPARTMENT

CUSTODIANSHIP CONSENT AND DECLARATION

STUDENT INFORMATION		
Surname: _____ Given Name(s): _____ Citizenship:	Date of Birth (dd/mm/yyyy) |__|__|__|__|__|__|__|__| Sex:: M ☐ F ☐	Canadian School Information School: _____ Address:

PARENT INFORMATION		
Surname: _____ Given Name(s): _____ Citizenship:	Current Address:	
Contact Information Home Phone ( ) -	Work Phone ( ) -	Email:

CUSTODIAN INFORMATION		
Surname: _____ Given Name(s): _____ Citizenship:	Current Address:	
Contact Information Home Phone ( ) -	Work Phone ( ) -	Email:

I, _____ (name of parent), solemnly declare that I am the parent or legal guardian of the Student. While the Student is in Canada, she/he will be in the Custodian's care. I have granted my authorization and adequate arrangements have been made for the 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 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: _____ **Date**: _____

Signature of Custodian: _____ **Date**: _____

Sworn before me at: _____ (city) in the Province of _____ (province/territory), _____ (country- if applicable), this _____ day of _____ (month), _____ (year).

Signature of Notary: _____ **Date**: _____ **Official Seal of Notary Public**