

## APPLICATION FOR CUSTODIANSHIP PROGRAM IN CANADA

We, the parents/legal guardians of the child named below, hereby appoint a representative from Calver & Associates Canadian Immigration Services 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 <input style="width: 90%;" type="text"/>	Last Name <input style="width: 90%;" type="text"/>
Gender <input style="width: 90%;" type="text"/>	Date of Birth (YYYYMMDD) <input style="width: 90%;" type="text"/>
Name and address of the school in Canada <input style="width: 100%; height: 20px;" type="text"/>	
The period of custodianship required <input style="width: 90%;" type="text"/>	

### PARENT'S INFORMATION

PARENT 1	PARENT 2
Full Name: _____	Full Name: _____
Birth Date: _____	Birth Date: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
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 invoice.

PARENT 1	PARENT 2
Signature: _____	Signature: _____
Date: _____	Date: _____

## STUDENT APPLICANT'S INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Gender	<input type="text"/>	Date of Birth (YYYYMMDD)	<input type="text"/>
Residential Address	<input type="text"/>		
City	<input type="text"/>	State/Province	<input type="text"/>
Zip/Postal Code	<input type="text"/>	Country	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Email Address	<input type="text"/>	Confirm Email	<input type="text"/>
Country of Birth	<input type="text"/>	Passport Issuing Country	<input type="text"/>

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## FAMILY INFORMATION

Does Parent 1 reside at the same address as the student applicant? (YES/NO)

\*if NO, provide full address

  

Does Parent 2 reside at the same address as the student applicant? (YES/NO)

\*if NO, provide full address

  

## ARRIVAL & DEPARTURE INFORMATION (if known)

Arrival Date	<input type="text"/>	Arrival Time (HH:MM)	<input type="text"/>
Arrival Carrier Name	<input type="text"/>	Carrier Number	<input type="text"/>
Do you require Airport pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of Departure	<input type="text"/>	Time of Departure (HH:MM)	<input type="text"/>
Departure Carrier Name	<input type="text"/>	Departure Carrier Number	<input type="text"/>
Do you require Airport drop off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	