



WRDSB CAPL-01 CUSTODIAN APPOINTMENT LETTER

STUDENT INFORMATION

Family (Last) Name _____	Given (First) Name _____	Other/ Canadian Name _____
Birth Date (Day/Month/Year) _____	Citizenship: _____	Gender M <input type="checkbox"/> F <input type="checkbox"/>

PARENT/ LEGAL GUARDIAN INFORMATION

Family (Last) Name _____	Given (First) Name _____	Other/ Canadian Name _____
Birth Date (Day/Month/Year) _____	Citizenship: _____	
		Home Phone: _____
Current Address _____		Alternative Phone (Cell/Work) _____
Country _____		Email _____

CUSTODIAN INFORMATION

Family (Last) Name _____	Given (First) Name _____	Other/ Canadian Name _____
Birth Date (Day/Month/Year) _____	Citizenship (<i>Proof of Canadian Citizenship or Permanent Residence must be provided</i>) _____	
Current Address _____		
Home Phone: _____	Alternative Phone (Cell/Work) _____	Email _____

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

The Custodian will be legally responsible for the Student until he/she is eighteen (18) years old, legal age in the province of Ontario.

Signature of Parent/Guardian _____ Date _____

Sworn before me at: _____ (city),
in the province/territory of _____, _____ (country).
This _____ day of _____ (month), _____ (year).

Official Seal of Notary
Public

Signature of Notary: _____