



Northeastern Catholic District School Board

DECLARATION OF GUARDIANSHIP

This form is to be used in the event that a student will be residing in a community within the NCDSB's jurisdiction in the care of someone other than the student's parents while attending an NCDSB school.

STUDENT INFORMATION

Student's Name, Grade, Date of Birth, School, Gender, Citizenship

PARENT INFORMATION

Mother's Name, Father's Name, Custody Information, Current Address, Home Phone, Cell Phone, Email Address, Citizenship

GUARDIAN INFORMATION

Guardian's Name(s), Current Address, Home Phone, Cell Phone, Email Address

Relationship to Student:

\*Note: If the guardian is not a member of the student's immediate family, this form must be witnessed by a Notary Public and sealed with the Official Seal of the Notary Public.

DECLARATION OF GUARDIANSHIP

I, \_\_\_\_\_ (name of custodial parent), solemnly declare that I am the parent or legal guardian of the above-named Student. While the Student is in \_\_\_\_\_ (name of town/city), she/he will be under the care of the above-named Guardian. I have granted my authorization and adequate arrangements have been made for the Guardian 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 Guardian will be legally responsible for the Student until the Student reaches legal age in Ontario (18 years of age) or until updated guardianship information is received.

Parent's Signature, Date, Guardian's Signature, Date

Sworn before me at: \_\_\_\_\_ (city) in the Province of Ontario, Canada, this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Witness' Signature, Date, Notary's Signature and Seal if Required, Date