



ACCEPTANCE OF TEMPORARY GUARDIANSHIP

STUDENT Information			
Student Name	Citizenship	Date of Birth (dd/mm/yyyy) __/__/____	Sex M: [] F: []
Name and address of School in Canada			

PARENT/GUARDIAN Information		
Full Name	Date of Birth (dd/mm/yyyy) __/__/____	
Current Address	Telephone (Home) () -	Telephone (Work) () -
	E-mail Address	

TEMPORARY GUARDIAN Information		
Full name	Date of Birth (dd/mm/yyyy) __/__/____	
Present Position	E-mail Address	
Current Address	Telephone (Home) () -	Telephone (Work) () -

I, _____ (name of temporary guardian), solemnly declare that I am a Canadian citizen or permanent resident of Canada and over the age of 18 years. I hereby declare to take on the full custodianship for the said student _____ (student name) during his/her stay in Canada while under legal age in the Province of Alberta.

As a temporary guardian, I have made the necessary arrangements for the care and support of the said student in place of the said parent _____ (name of parent or guardian 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.

Signature of temporary guardian: _____ Date: _____

Sworn before me in the City/Town/Hamlet of _____, in the Province of Alberta.

This _____ day of _____ (month), _____ (year)

Signature of Notary Public

Official Seal of Notary Public