



DECLARATION 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 parent/guardian), 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 care of a temporary guardian. I have granted my authorization and adequate arrangements have been made for the temporary 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 temporary guardian will be legally responsible for the Student until she/he is of legal age in the province or territory of Alberta.

Signature of parent/guardian : _____ Date: _____

Sworn before me in the City/Town/Village of _____ in the Province of _____, in the Country of _____.

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

Signature of Notary Public

Official Seal of Notary Public