



# Kingsway College

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www.kingsway.college

## Form 5: Custodian Declaration (Parents)

### Student Information

Student Name		
Citizenship	Date of Birth MM / DD / YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address of where student will reside in Canada		

### Parent(s)/ Guardian(s) Information

	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Date of Birth	MM / DD / YYYY	MM / DD / YYYY
Home Address		
Telephone No.		
Email Address		

### Custodian Information

Full Name	Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident	Date of Birth MM / DD / YYYY
Current Residential Address		
Telephone Number		
Email Address		

My/our child will reside:

- With the appointed custodian,
- In the school residence, or
- With another person:

\_\_\_\_\_ (Please provide first and last name),

\_\_\_\_\_ (Relationship to student)

I/We, \_\_\_\_\_ and \_\_\_\_\_ (names of parent(s)/guardian(s) of the said student, during the student's stay at Kingsway College. I/We have made the necessary agreements for the care and support of the said student such that custodian should act in place of me/us, the parents. By signing this custodian agreement, I/we affirm that I am/we are satisfied that the above appointed custodian resides within a reasonable distance of my/our child's intended residence and school, and will be able to fulfill his/her obligations as a custodian in the event of an emergency.

SIGNATURE OF PARENT/GUARDIAN 1: X \_\_\_\_\_

DATE:        /        /  
              MM        DD        YYYY

SIGNATURE OF PARENT/GUARDIAN 2: X \_\_\_\_\_

DATE:        /        /  
              MM        DD        YYYY

Sworn before me at \_\_\_\_\_ (City),

in the province of \_\_\_\_\_ (Province/Territory),

\_\_\_\_\_ (Country) if applicable.

This \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

SIGNATURE OF NOTARY: X \_\_\_\_\_

**Official Seal of Notary Public**