



**Student Academic
Success Strategies**

*www.sasscanada.ca
info@sasscanada.ca*

Application For Custodianship Program In Canada

We, the parents/legal guardians of the child named below, hereby appoint a representative of Student Academic Success Strategies Inc to act as our child's legal guardian for the duration of our child's stay as an unaccompanied minor studying in Canada.

Student's Last Name	Student's First Name
Gender F <input type="checkbox"/> M <input type="checkbox"/>	Birth date dd/mm/yyyy <input type="text"/> / <input type="text"/> / <input type="text"/>
Name and address of the school in Canada	
The period of Legal Guardianship required	From/Until

Mother's Information

Father's Information

Mother's Full Name	Father's Full Name
Date of Birth: _____ (day) _____ (month) _____ (year)	Date of Birth: _____ (day) _____ (month) _____ (year)
Home Address	Home Address
Home Phone/Work phone:	Home Phone/Work phone:
Mother's Email:	Father's Email:

Medical Emergencies: If you can not be contacted, do you provide your consent to all emergency medical or dental treatment including general or local anaesthetic, surgery or blood transfusions which might be necessary in the opinion of the qualified doctor under Ontario Health regulations?

Yes No

Do you consent to the administration of medications sold over the counter (cough medicine, paracetamol, eye drops) in the pharmacy?

Yes No

By signing this application form we confirm that we read and we understood the Statement of Terms and Conditions for the Custodianship of International students in Canada and agree to the terms and conditions as indicated. We agree to pay the associated custodianship fees as indicated in the SASS fee schedule.

Signature of the Child's Mother

Signature of the Child's Father

Date Signed: / /

Date Signed: / /

Please read the attached Terms and Conditions and then sign and send it along with completed Custodianship application to Student Academic Success Strategies office email info@sasscanada.ca