

NOTARIZED AFFIDAVIT OF GUARDIANSHIP

Student

Name in full
Date of Birth
Name of School in Canada

Parent

Name in full
Date of Birth
Present address

Phone
Guardian

Name in full
Date of Birth
Present address

Phone

I, _____ hereby declare to take on the full guardianship for the said student _____ during the stay in Canada and study at UCANDU Toronto College of Canada while under the age of 18. .
As guardian, I have made the necessary arrangements for the care and support of the said student in the place of the said parents: _____ as appropriate.

Sworn before _____ (at the City of Toronto in the province of Ontario, Canada). This _____ day of _____ 2005.

Signature of Guardian

Public Notary in Canada
A commissioner in and for the
Province of Ontario