



CUSTODIANSHIP DECLARATION - PARENTS/GUARDIANS FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION

Family name	Given name(s)	Citizenship	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name and address of school board in Canada ("School") Ottawa Carleton District School Board 133 Greenbank Road , Ottawa, K2H 6L3				
Address where the Student will reside in Canada TO BE ADVISED BY CHN PRIOR TO ARRIVAL IN CANADA				

PARENTS/GUARDIANS INFORMATION (Preferably from both parents/guardians)

	Parent/Guardian 1		Parent/Guardian 2	
Full name	Family name	Given name(s)	Family name	Given name(s)
Date of birth	Y M D		Y M D	
Home address				
Telephone number				

CUSTODIAN INFORMATION

Full name Brenda St. Jean	Status in Canada <input checked="" type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident	Date of birth 9/11/1950
Current residential address 657 Hillcrest Avenue Ottawa ON K2A 2N2		Telephone number: 613-686-6764 2040

My/our child will reside: with the appointed custodian, in the school dormitory, or
 with another person: in a homestay personally inspected and approved by CHN, with homestay hosts (the "Hosts") personally interviewed and approved by CHN

I/We, _____ and _____ (names of parents/guardians),
the parents/guardians of the said student, _____ (name of student), hereby grant full custodianship to Brenda St. Jean (name of custodian), during the student's stay in Canada, while he/she is under the age of majority in the province in which he/she resides. I have made the necessary arrangements for the care and support of the said student such that the custodian should act in the place of me/us, the parents. By signing this custodian agreement, I/We affirm that I am/we are satisfied 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) Date: Year Month Day

Signature of parent/guardian (2) Date: Year Month Day

Sworn before me at: _____ (city), in the province of _____ (province/territory), _____ country (if applicable).
This _____ day of _____ (month), _____ (year).

Signature of notary

OFFICIAL SEAL OF NOTARY PUBLIC



**SUPPLEMENTARY FORM TO IMM 5646 CUSTODIANSHIP DECLARATION:
PARENTAL/LEGAL GUARDIAN CONSENT FOR CUSTODIANSHIP**

STUDENT INFORMATION

Family name	Given name(s)	Citizenship	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian 1		Parent/Guardian 2		
Full name	Family name	Given name(s)	Family name	Given name(s)
Date of birth	Y M D	Y M D	Y M D	Y M D
Home address				
Telephone number				

I/We, _____ and _____ (names of parents/guardians), the parents/guardians of the said student, ___ (name of Student), hereby grant full custodianship to a representative of the CANADA HOMESTAY NETWORK SOCIETY (the "Custodian"), as long as the student is enrolled and in good standing at his/her school in Canada ("School"), or until the Student reaches the age of majority in the province in which he/she resides, whichever occurs first (the "Custodianship Term"). I/We also declare as follows:

1. That I/we are the Parent(s) or the Legal Guardian of the Student;
2. That this form supplements and modifies the Immigration, Refugees and Citizenship Canada ("IRCC") custodianship declaration IMM 5646 under which I/we granted/will grant the Custodian full custodianship of the Student ("Form IMM 5646").
3. That I/we appoint the Custodian and any qualified person who is duly authorized by the Custodian to act for and in the place and stead of the Custodian (the "Custodian's Representative") to ensure that the Student is provided with accommodation in a homestay personally inspected and approved by CHN, with homestay hosts (the "Hosts") personally interviewed and approved by CHN, where the Student will have three (3) meals per day.
4. That I/we give permission to the Custodian, and /or the Custodian's Representative, and where applicable, any teacher and/or other appropriate staff member of the School and/or the Hosts, to arrange for medical attention for the Student in the event of illness or injury of which any of the foregoing persons has knowledge.
4. That this appointment is conditional upon me/us agreeing to and signing the CHN Student Homestay Application (the "SHA") and the CHN Student Participation Agreement (the "SPA") in respect of the Student.
5. That as a further condition of this appointment, I/we will ensure that the Student will at all times during the Custodianship Term (i) be enrolled in the School and while enrolled will be in good standing at the School; (ii) reside with and be in good standing with the Hosts; and (iii) be in compliance with the terms of the SPA during the Custodianship Term, failing which I/we agree to be bound by and be liable for the consequences of such failure as set out in the SPA for the Student.
6. That as a further condition of this appointment, and in furtherance of the interests of the Student, I/we hereby direct the Student and the School to provide the Custodian and/or the Custodian's Representative with timely access to any information concerning the Student's performance, behaviour and other experience at the School including without limitation, course/subject selection, academic reports, correspondence, memoranda, assessments, test results and extra-curricular activities, as well as timely notice of and the right to attend any meetings, case conferences or interviews regarding the Student. I/we hereby confirm that I/we consider the sharing of such information with and otherwise giving access to the Custodian and/or the Custodian's Representative as provided above in this Clause are essential to the proper exercise of this appointment and of the role of a custodian and as such hereby declare that this shall constitute my/our consent under applicable privacy legislation in Canada to do so.
7. That this appointment (and the grant of custodianship under Form IMM 5646) will immediately terminate (i) if the Student ceases to be enrolled and in good standing at the School or any other school in Canada approved by CHN; (ii) upon the termination or expiration of the SPA; or (iii) if the Student is expelled from the CHN International Participant Homestay Program in accordance with the SPA. CHN reserves the right to notify IRCC if this appointment is terminated.

Signature of parent/legal guardian (1)

Date (Year/Month/Day)

Signature of parent/legal guardian (2)

Date (Year/Month/Day)