



CHIGNECTO-CENTRAL REGIONAL SCHOOL BOARD
60 Lorne Street, Truro, Nova Scotia B2N 3K3
Director of Education Services

Telephone: 902 897-8950
Fax: 902 897-8998

NOTARIZED AFFIDAVIT OF CUSTODIANSHIP

Student Name (in full): _____ Date of Birth: _____

Name of School Board in Canada: Chignecto-Central Regional School Board

Parent Name (in full): _____ Date of Birth: _____

Present Address: _____

Telephone Number: _____

Custodian Name (in full): _____ Date of Birth: _____

Present Address: _____

Telephone Number: _____

The application of the official seal below confirms that the notary public has received evidence that the custodian is a Canadian citizen or permanent resident and is over 19 years of age.

I, _____ hereby solemnly declare that I accept to act in place of the
(Custodian's name)
parents of _____ in times of emergency and when immediate medical
(Student's name)
attention or intervention is required.

SWORN BEFORE ME in the
city of _____
In the Province of Nova Scotia,
this _____ day of _____ 20 ____

Official Seal of Notary Public in Canada

A Commissioner in and
for the Province of
Nova Scotia.

Signature of Custodian
Date: _____

I have read and understand this affidavit of custodianship.
I agree to the above named custodian acting in my stead.

Parent's Signature

Parent's Signature