

# International Student Study Permit Renewal Guide



## 国际學生许可证续签 指南 2014-2015

申請国际學生许可证 (Study Permit) 續期手續

延簽所需文件目录

延簽表格 IMM5709 中文說明範例

延簽所需文件範本

申請延簽學生许可证 (Study Permit) 表格 (IMM 5709)

监护人声明书 (Custodianship) 表格 (IMM 5646)

延簽所需文件檢查表 (Checklist) (IMM 5555)

编写:

Mati Z. Ma 馬致達 (2014 - 09)

華語国际学生辅导员

高贵林學區(43)國際教育部

電話: 604-936-5769

QQ : 2380995498

电邮: mma@sd43.bc.ca

网站: [www.internationale.com](http://www.internationale.com)

地址: 1100 Winslow Avenue

Coquitlam, B.C.

CANADA V3J 2G3

如有疑問,歡迎向編寫人詢問.

- 须在现有学生许可证期满 2 個月前去申请延長它的有效日期。
- 申请时学生护照需有最少 6 个月的有效期。
- 新发学生许可证有效时间不会超过护照的有效时间。
- 邮寄手续需时约 80 天：<http://www.cic.gc.ca/english/information/times/temp.asp>  
网上登记需时约 40 天

## 申請程序

网上申请：（17 岁或以上学生适用）

1. 从 [www.cic.gc.ca](http://www.cic.gc.ca) 报名，点击 Apply Online > Study Permit
2. 建立(Register) GCKey 网上账户。
3. 在网上填写 IMM5709, 根据网站指示上传其他需要文件，然后付费。

邮寄申请：（所有学生适用）

1. 從國際教育辦公室索取學生簽證續期表格 (IMM 5709) .
2. 父母若用陪读签证与學生同住在加拿大, 需要填写访客许可续期表格 (IMM 5708).
- 3a. 从 [www.cic.gc.ca](http://www.cic.gc.ca) 网站用信用卡付费：
3. 点击 Pay Your Fees > Pay Fees Online > Applying in Canada > Pay Online > Immigration > Temporary Resident > Study Permit > Submit > Register ，付费后列印网上付费收据.
- 3b. 其他付费方法：跟 CIC 办公室申请银行付费表格, 延后亲自前往银行付费。  
<https://eservices.cic.gc.ca/kms/introinit.do?dispatch=introinit&appno=5401&lang=en>

- 许可續期的費用: (从 2014 年更新)

學生续签 (study permit) - \$150

父母续签 (extension of visitor status) - \$100

4. 收集所有學生许可延签檢查表 (IMM 5555) 上需要的文件，將包裹用郵寄方式請用速遞 (Express Mail) 或掛號 (Registered Mail) 寄到以下地址, 以防寄失：

CPC Vegreville  
**Study Permit**  
6212-55th Avenue – Unit 101  
Vegreville, ALBERTA  
T9C 1X5 CANADA

# 延簽所需文件



- 1) 申請表(Application Form) (IMM5709)
- 2) 延簽檢查表(Checklist) (IMM 5555)
- 3a) (17 岁以下学生) 监护权声明表 - 加拿大监护人填写, 要公证 (IMM 5646F)
  - 已经作过公证的可以复印再用
- 3b) (17 岁以下学生) 监护权声明表 - 父母填写, 要公证 (IMM 5646F)
  - 已经作过公证的可以复印再用
- 4) 護照复印本 (有照片的那页, 和最近一次入境加拿大的官方簽章那页)
- 5) 目前所持的身份文件复印本(學生许可证/觀光许可证)
- 6) 有银行蓋章的粉红色申請費用收據(正本) (郵寄报名人士才需要)
- 7) SD43 International Education 发入學許可复印本 (Re-Acceptance Letter)
- 8) 过去 3 月内的銀行結餘 (Bank Certificate of Balance) 最少需要\$3,000 加币



## DOCUMENT CHECKLIST - STUDENT

The documents you need to attach to your application are detailed on this form. If any of the required documents are missing, your application form may be returned or refused. **Do not submit original documents unless instructed to do so. Original documents will not be returned.**

All documents in a language other than English or French must be translated. Provide both a photocopy of the document and the certified translation in English or French.

**Important:** If you are also applying for visitor or worker services, you **must** also include the fees and documents required to assess your application for these services. Consult the appropriate guide for visitor or worker requirements.

**I have enclosed the following items:**

Put an "X" in the box when you have enclosed the item

### ALL APPLICANTS

- Completed Document Checklist (IMM 5555) \_\_\_\_\_
- Completed "Application to Change Conditions, Extend My Stay or Remain in Canada as a Student" (IMM 5709) \_\_\_\_\_   
 Note: If this application form is completed on a computer and printed, place the barcode page (page 5 of 5) on the top of each individual application package.
- Stamped Receipt (IMM 5401) \_\_\_\_\_
- Use of a Representative (IMM 5476) (if applicable) \_\_\_\_\_
- Custodianship Declaration - Custodian for Minors Studying in Canada (IMM 5646) (if applicable) \_\_\_\_\_   
 Note: Children who are less than 17 years of age and intending to study in Canada without a parent or legal guardian **must** complete and include the *Custodianship Declaration* (IMM 5646) with their study permit application. See the Instruction Guide (IMM 5552) for more information.
- PHOTOCOPIES of passport pages clearly showing the passport number, the dates of issue and expiry, name and date of birth, the stamp made by Canadian authorities on your most recent entry into Canada and any other marked pages \_\_\_\_\_
- Statutory Declaration of Common-law Union (if applicable) \_\_\_\_\_
- Photocopy of your Marriage Certificate (if applicable) \_\_\_\_\_

In addition to the above-noted documents, you must also include any other information required for the service you are requesting.

### STUDY PERMIT

For each person included in the application:

- PHOTOCOPIES of your travel or identity document (citizenship certificates, birth certificates, alien registration cards, etc.) if you did not use a passport to enter Canada \_\_\_\_\_
- Proof of acceptance or enrolment from Designated Learning Institution \_\_\_\_\_
- Proof of academic standing at institution(s): letter from institutional registrar and/or photocopies of transcript from your last two periods of study \_\_\_\_\_
- If studying in Quebec, MIDI's letter of approval concerning your application for a "Certificat d'acceptation du Québec" (CAQ), or a valid "Certificat de sélection du Québec" (CSQ) application if your Application for Permanent Residence is being processed from within Canada, as applicable \_\_\_\_\_
- Proof of funds available/means of support, as specified \_\_\_\_\_
- PHOTOCOPY of your valid return ticket (if you have one) \_\_\_\_\_

If Refused Refugee Claimants applying to the Federal Court:

- Proof that you cannot support yourself without recourse to social assistance (welfare) \_\_\_\_\_

If you are currently receiving social assistance, attach a letter from the provincial social services department indicating you are receiving money or attach a cheque stub if it indicates clearly that it was issued by the provincial social services department.

- Proof that you filed for a review of your case by the courts \_\_\_\_\_

### RESTORATION OF TEMPORARY RESIDENT STATUS

For each person included in the application:

- PHOTOCOPY of your current immigration document (if you have one) \_\_\_\_\_
- Documents related to your loss of status \_\_\_\_\_



APPLICATION TO CHANGE CONDITIONS,  
EXTEND MY STAY OR REMAIN IN CANADA AS A STUDENT

{ 学生许可证续签表格 }

1 UCI (学生签证号码) (学生许可证右下角) 1234 5678		2 I want service in English		OFFICE USE ONLY Validated
3 I am applying for one or more of the following: (学生签证) <input checked="" type="checkbox"/> An initial study permit or extension of study permit <input type="checkbox"/> Restoration of temporary resident status as a student <input type="checkbox"/> Initial temporary resident permit or extension of temporary resident permit				

PERSONAL DETAILS

1 Full name (护照上的姓氏) Family name (as shown on your passport or travel document)		(护照上的名字) Given name(s) (as shown on your passport or travel document)		
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? Family name (其他的称呼-姓氏)		<input type="checkbox"/> No <input type="checkbox"/> Yes Given name(s) (其他的称呼-名字)		
3 Sex (性别)	4 Date of birth (生日) (年) (月) (日) YYYY MM DD	5 Place of birth (出生城市) City/Town		(出身国家) Country
6 Citizenship (国籍)				
7 Current country of residence: (现时居留状况)				
Country (国家)	Status (居留身份)	Other	From	To
Canada			YYYY-MM-DD	YYYY-MM-DD
8 Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? (过去五年有否在外国逗留超过6个月? 原来国籍国家与加拿大不计)				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD
9 a) Your current marital status (婚姻状况)		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship		(结婚日期) Date YYYY-MM-DD
c) Provide the name of your current Spouse/Common-law partner Family name (合法伴侣名字) Given name(s)				
d) If you are married or in a common-law relationship, is your spouse or common-law partner a Canadian citizen or permanent resident? (伴侣是否拥有加拿大国籍?) <input type="checkbox"/> No <input type="checkbox"/> Yes				

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE (移民局专用, 请不要填写)
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Applicant Name (申请人名字)	(出生日期) Date of Birth
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**PERSONAL DETAILS (CONTINUED)**

<b>10 Have you previously been married or in a common-law relationship?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (已往婚姻) Provide the following details for your previous Spouse/Common-law partner: Family name 姓 _____ Given name(s) 名字 _____		
Type of relationship 关系	由 From YYYY-MM-DD	至 To YYYY-MM-DD

**LANGUAGE(S)**

<b>1</b> a) Native language (母语)	b) If your native language is not English or French, which language do you use most frequently? (你常用英语或法语?)
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**PASSPORT (护照)**

<b>1</b> Passport number (号码) G 12345678	<b>2</b> Country of issue (签发国家)	<b>3</b> Issue date (签发日期) YYYY-MM-DD	<b>4</b> Expiry date (有效日期) YYYY-MM-DD
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**CONTACT INFORMATION (联络资料)**

<b>1</b> If submitting your application by mail: - All correspondence will go to this address unless you indicate your e-mail address below. - Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify. - If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form. (若提供了电邮地址, 以后所有联络将会自动寄往电邮地址)
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**Current mailing address (现时平邮地址)**

P.O. box	Apt/Unit 门号	Street no. 街号	Street name 街道名称
City/Town 城市	Country 国家 Canada	Province 省份	Postal code 邮址

**2 Residential address Same as mailing address?**  No  Yes (住址是否跟邮寄地址一样?)

Apt/Unit 门号	Street no. 街号	Street name 街道名称
City/Town 城市	Country Canada	Province 省份

<b>3 Telephone no.</b> (电话号码) <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Type _____ Country Code No. _____ Ext. _____	<b>4 Alternate Telephone no.</b> (后備电话号码) <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Type _____ Country Code No. _____ Ext. _____
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<b>5 Fax no.</b> (传真号码) <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Country Code No. _____ Ext. _____	<b>6 E-mail address</b> (电邮地址)
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**COMING INTO CANADA**

<b>1</b> Date and place of your original entry to Canada (进入加国日期) <input type="checkbox"/> Date: _____ Place (进入加国地点 - 城市) Vancouver
<b>2</b> a) The original purpose for coming to Canada (进入加国目的) <input type="checkbox"/> b) Other
<b>3</b> Date and place of your most recent entry to Canada (if not the same as original entry) (最近进入加国日期) <input type="checkbox"/> Date: _____ Place (最近进入加国地点 - 城市) Vancouver
<b>4</b> If applicable, provide the document number of the most recent Visitor Record, Study Permit or Work Permit issued to you. (最近期的加国学生签证种类与号码) <input type="checkbox"/> Document Number (学生签证右上角) F 123456789

Applicant Name (申请人名字)	(出生日期) Date of Birth
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**DETAILS OF INTENDED STUDY IN CANADA**

1 I have been accepted at the following educational institution ( 已经被以下学校录取)			
a) Name of School (学校名称)			
b) Complete address of school in Canada (学校地址)			
Province (省份)	City/Town (城市)	Address (地址)	
2 My program and level of study will be: (就读课程)		3 (课程所需时间) Duration of expected study	From (由) To (至) YYYY-MM-DD YYYY-MM-DD
4 The cost of my studies will be: (费用)		5 a) Funds available for my stay (CAD) b) My expenses in Canada will be paid by: c) Other 其他	
Tuition 学费	Room and board 住宿	Other 其他	拥有就学资金 (最小每年\$3,000 CAD) 谁会资助我在加的费用?
6 a) In addition to a study permit, are you also applying for a work permit? <input type="checkbox"/> No <input type="checkbox"/> Yes 会填工作签证吗? (高中学生不适用)		b) What type of work permit are you applying for: 哪类型的工作签证? (高中学生不适用)	
c) Provide your Eligibility Verification Number (EVN) if you have one. You must have an EVN to apply for an Off-Campus Work Permit			
7 If you have been issued a Quebec Acceptance Certificate (CAQ), provide the:			
Certificate Number		Expiry Date	
(16岁或以下的学生必须提交监护人宣告书副本 [IMM5646])			

If you are under the age of majority of the province/territory where you intend to study, you must fill out the *Custodian Declaration* [IMM5646] form.

**EDUCATION (教育水平)**

Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If you answered "yes", give full details of your highest level of post secondary education. 有没有接受过专上教育 (包括大学和书院)?			
1	由 From 至 To	Field and level of study 专业	School/Facility name 学校名称
	YYYY MM	City/Town 城市	Country 国家 Province/State
	YYYY MM		

**EMPLOYMENT**

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator) (请列出过去十年的职业记录, 包括所有政府机构)			
1	From	Current Activity/Occupation 最小填一个, 义工也可以.	Company/Employer/Facility name
	To	City/Town	Country Province/State
	YYYY MM		
2	From	Previous Activity/Occupation	Company/Employer/Facility name
	To	City/Town	Country Province/State
	YYYY MM		
3	From	Previous Activity/Occupation	Company/Employer/Facility name
	To	City/Town	Country Province/State
	YYYY MM		

Applicant Name (申请人名字)

(出生日期) Date of Birth

**BACKGROUND INFORMATION**

You must complete this section if you are 18 years of age or older. 18岁以上学生必须填写

<b>1</b>	<p>a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? 过去两年内你本人或直属家人有没有感染肺结核或接触其病患者? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? 你有没有心理或生理障碍是需要药物以外的帮助? 例如医疗或社会福利服务. <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable). 约回答 "Yes", 请详细列出病人名称和病况资料</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>2</b>	<p>a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? 曾否逾期居留, 在没批准情况下在加就学, 或没批准情况下在加工作? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Have you ever been refused any kind of visa, admission, or been ordered to leave Canada or any other country? 曾否被拒绝签证, 入境, 或被下令出境? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) If you answered "yes" to question 2a) or 2b), please provide details. 约回答 "Yes", 请详细列出资料</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>3</b>	<p>a) Have you ever committed, been arrested for or been charged with or convicted of any criminal offence in any country? 你曾否在任何国家犯过刑事罪行被捕, 检控, 或定罪? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered "yes" to question 3a), please provide details. 约回答 "Yes", 请详细列出资料</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>4</b>	<p>a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? 你曾否有参加任何民兵, 军事或民防单位, 或安全组织或警察部队? (包括非强制性, 后备军对, 或志愿团体) <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered "yes" to question 4a), please provide dates of service and countries where you served. 约回答 "Yes", 请详细列出资料</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>5</b>	<p>Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? 你有任何暴力或极端分子政治背景吗? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<b>6</b>	<p>Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? 你曾否目睹或参与虐待战俘或平民, 抢劫, 或亵渎宗教建筑? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>



Applicant Name	Date of Birth
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**SIGNATURE**

I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

学生签名. 十八岁以下需要父母签名.

\_\_\_\_\_  
Signature of Applicant or Parent/Legal Guardian for a person under 18 years of age.

\_\_\_\_\_  
Date: YYYY-MM-DD

**IMPORTANT NOTE:**

**This application must be signed and dated before it is submitted by mail.**

Do not forget to include: photos, fees (if applicable), and any other documents required by the visa office.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a student. It will be stored in Personal Information Bank CIC PPU 051, Foreign Student Records and Case File. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS) and foreign governments in accordance with the subsection 8(2) of the *Privacy Act*. In accordance with the *Privacy Act* and the *Access to Information Act* individuals have a right to protection of and access to their personal information. Details on these matters are available at the Infosource website (<http://infosource.gc.ca>) and through the Citizenship and Immigration Canada Call Centre. Infosource is also available at public libraries across Canada.





## CUSTODIANSHIP DECLARATION - 监护人声明书 CUSTODIAN FOR MINORS STUDYING IN CANADA

### STUDENT INFORMATION 学生资料

Student's full name	Citizenship	Date of birth Y      M      D	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name and address of school in Canada			
Address where student will reside in Canada			

### PARENTS/GUARDIANS INFORMATION (Preferably from both parents/guardians) 父母资料 - 请尽量提供双父母资料

	Parent/Guardian 1	Parent/Guardian 2
Full name		
Date of birth	Y      M      D	Y      M      D
Home address		
Telephone number		

### CUSTODIAN INFORMATION - 本地监护人资料

Full name	Status in Canada <input type="checkbox"/> Canadian citizen or <input type="checkbox"/> Permanent resident	Date of birth Y      M      D
Home 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 a permanent resident, is over 19 years of age, and currently resides at the home address stated above.

I, \_\_\_\_\_ (监护人名字) (name of custodian), hereby solemnly declare that I will undertake the full custodianship for the said student, \_\_\_\_\_ (学生名字) (name of student), during his/her stay in Canada, while under the age of majority in the province in which he/she resides. As a custodian, I have made the necessary arrangements for the care and support of the said student in place of the parents as appropriate. By signing this custodian agreement, I certify that I reside within a reasonable distance of the student's intended residence and school and will be able to fulfil my obligations as a custodian in the event of an emergency.

\_\_\_\_\_  
(监护人签名)  
Signature of custodian

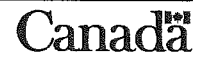
Year      Month      Day  
\_\_\_\_\_  
Date

Sworn before me at: \_\_\_\_\_ (city), in the province of \_\_\_\_\_ (province/territory), \_\_\_\_\_ country (if applicable).

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

\_\_\_\_\_  
(公证处签名)  
Signature of notary

OFFICIAL SEAL OF NOTARY PUBLIC





## CUSTODIANSHIP DECLARATION - (父母声明表) PARENTS/GUARDIANS FOR MINORS STUDYING IN CANADA

### STUDENT INFORMATION 学生资料

Student's full name	Citizenship	Date of birth Y      M      D	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name and address of school in Canada			
Address where student will reside in Canada			

### PARENTS/GUARDIANS INFORMATION (Preferably from both parents/guardians) 父母资料 - 请尽量提供双父母资料

	Parent/Guardian 1	Parent/Guardian 2
Full name		
Date of birth	Y      M      D	Y      M      D
Home address		
Telephone number		

### CUSTODIAN INFORMATION - 本地监护人资料

Full name	Status in Canada <input type="checkbox"/> Canadian citizen or <input type="checkbox"/> Permanent resident	Date of birth Y      M      D
Current residential address		Telephone number

My/Our child will reside:  (监护人) with the appointed custodian,  (学校宿舍) in the school dormitory, or  
学生会跟以下人士住宿  with another person: (宿舍家庭) (请提供名字与跟学生的关系) (please provide name and indicate relationship).

I/We, \_\_\_\_\_ (父母名字) and \_\_\_\_\_ (父母名字) (names of parents/guardians),  
the parents/guardians of the said student, \_\_\_\_\_ (学生名字) (name of student), hereby grant full custodianship to  
\_\_\_\_\_ (监护人名字) (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 fulfil his/her obligations as a custodian in the event of an emergency.

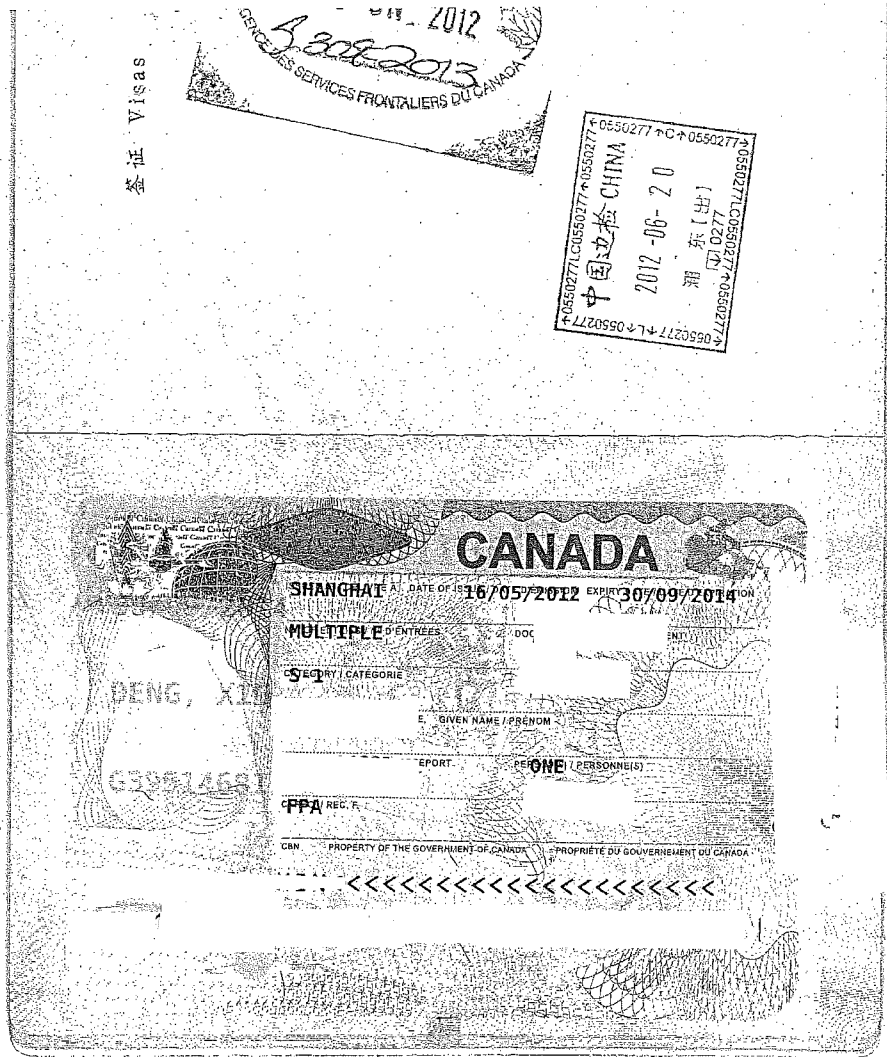
\_\_\_\_\_  
Signature of parent/guardian (1)      Year      Month      Day      Date      \_\_\_\_\_  
Signature of parent/guardian (2)      Year      Month      Day      Date

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



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Citizenship and Immigration Canada / Citoyenneté et Immigration Canada



PROTECTED WHEN COMPLETED / PROTÉGÉ UNE FOIS REMPLI - B

CANADA

IMMIGRATION



CANADA CANADA

F310

SE TYPE : 30

VEL DOC : PASSPORT / NO  
DED : NO  
TITUTION : OTHER SCH BRO/DIST/DIV B.C.  
LD OF STUDY :  
STATUS :

CANADA

CONDITIONS:  
UNLESS AUTHORIZED, PROHIBITED FROM ENGAGING IN  
EMPLOYMENT IN CANADA.  
MUST LEAVE CANADA BY 30 SEP 2013

CANADA

SURNAME, GIVEN NAMES - NOM DE FAMILLE, PRÉNOMS		
BIRTH DATE - DATE DE NAISSANCE		SEX - SEXE FEMALE
COUNTRY OF BIRTH - PAYS DE NAISSANCE CHINA	COUNTRY OF CITIZENSHIP - CITOYEN DE CHINA	
OFF. FILE NO. - N° DE RÉF. DU BUREAU	CLIENT ID. - ID DU CLIENT	
DATE SIGNED - SIGNÉ LE 2	VALID UNTIL - DATE D'EXPIRATION	EXT. NO. - CODE PROROG. 00

CANADA



CANADA

RKS: \*\*\*\*\*

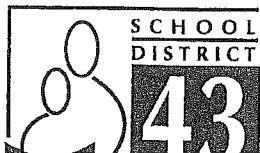
THIS DOES NOT AUTHORIZE RE-ENTRY.

VANCOUVER IA 5135

Canada

DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA / DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

IMM 1442 (03-2008) B



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Mr. & Mrs.

Guangzhou Guangdong Province, China

Dear Mr. & Mrs.

**RE: Letter of Re-Acceptance -**

Please find enclosed the formal Letter of Re-Acceptance of \_\_\_\_\_ by School District No. 43 (Coquitlam) for the period from February 1, 2013 to January 31, 2014.

The School District requests that you obtain a Study Permit from Citizenship and Immigration Canada. As approval takes several weeks to process, please apply immediately using the attached documents.

In order for us to ensure continued medical coverage, please **bring the renewed Study Permit and passport to our office** so that we can renew the Care Card.

Welcome to Coquitlam School District! We wish your daughter a very successful year.

Yours truly,

Principal - International Education

RD/

Secondary School





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**Letter of Re-Acceptance**


To: Citizenship & Immigration Canada; Canadian Consulate or High Commission

Please issue a *Study Permit* based on the information provided below.

\_\_\_\_\_ has been re-accepted by School District No. 43 (Coquitlam) for the school year February 1, 2013 to January 31, 2014, and has been attending a school in our School District since February 1, 2012.

**STUDENT INFORMATION**

Family Name:	Address in Home Country: _____, China
First name(s):	Address in Canada:
Date of Birth: June 27, _____	Custodian Information: _____ Coqu. _____
Student ID Number:	Responsible Adult Contact:
School Name: * _____ Secondary School (Public)	Starting Date: February 1, 2013
Grade of Study**: 12 (full time)	Completion Date: January 31, 2014
<i>The student has paid a tuition fee of \$12,500.00</i>	

  
 \_\_\_\_\_  
 Principal - International Education  
 (School District No. 43 Authorized Representative)

\*Although we make every possible effort, placement in school of choice cannot always be guaranteed.  
 \*\*The Coquitlam School Board reserves the right to determine final placement.



## CHEQUING ACCOUNT STATEMENT

[ SAMPLE 樣本 SAMPLE 樣本 SAMPLE 樣本 SAMPLE 樣本 ]

Date	Description	Ref.	Withdrawals	Deposits	Balance
2003-10-08	Previous balance				0.55
2003-10-14	Payroll Deposit - HOTEL			694.81	695.36
2003-10-14	Web Bill Payment - MASTERCARD	9685	200.00		495.36
2003-10-16	ATM Withdrawal - INTERAC	3990	21.25		474.11
2003-10-16	Fees - Interac		1.50		472.61
2003-10-20	Interac Purchase - ELECTRONICS	1975	2.99		469.62
2003-10-21	Web Bill Payment - AMEX	3314	300.00		169.62
2003-10-22	ATM Withdrawal - FIRST BANK	0064	100.00		69.62
2003-10-23	Interac Purchase - SUPERMARKET	1559	29.08		40.54
2003-10-24	Interac Refund - ELECTRONICS	1975		2.99	43.53
2003-10-27	Telephone Bill Payment - VISA	2475	6.77		36.76
2003-10-28	Payroll Deposit - HOTEL			694.81	731.57
2003-10-30	Web Funds Transfer - From SAVINGS	2620		50.00	781.57
2003-11-03	Pre-Auth. Payment - INSURANCE		33.55		748.02
2003-11-03	Cheque No. - 409		100.00		648.02
2003-11-06	Mortgage Payment		710.49		-62.47
2003-11-07	Fees - Overdraft		5.00		-67.47
2003-11-08	Fees - Monthly		5.00		-72.47
*** Totals ***			1,515.63	1,442.61	



## DOCUMENT CHECKLIST - STUDENT

The documents you need to attach to your application are detailed on this form. If any of the required documents are missing, your application form may be returned or refused. **Do not submit original documents unless instructed to do so. Original documents will not be returned.**

All documents in a language other than English or French must be translated. Provide both a photocopy of the document and the certified translation in English or French.

**Important:** If you are also applying for visitor or worker services, you **must** also include the fees and documents required to assess your application for these services. Consult the appropriate guide for visitor or worker requirements.

**I have enclosed the following items:**

Put an "X" in the box when you have enclosed the item

### ALL APPLICANTS

- Completed Document Checklist (IMM 5555) \_\_\_\_\_
- Completed "Application to Change Conditions, Extend My Stay or Remain in Canada as a Student" (IMM 5709) \_\_\_\_\_   
**Note:** If this application form is completed on a computer and printed, place the barcode page (page 5 of 5) on the top of each individual application package.
- Stamped Receipt (IMM 5401) \_\_\_\_\_
- Use of a Representative (IMM 5476) (if applicable) \_\_\_\_\_
- Custodianship Declaration - Custodian for Minors Studying in Canada (IMM 5646) (if applicable) \_\_\_\_\_   
**Note:** Children who are less than 17 years of age and intending to study in Canada without a parent or legal guardian **must** complete and include the *Custodianship Declaration* (IMM 5646) with their study permit application. See the Instruction Guide (IMM 5552) for more information.
- PHOTOCOPIES of passport pages clearly showing the passport number, the dates of issue and expiry, name and date of birth, the stamp made by Canadian authorities on your most recent entry into Canada and any other marked pages \_\_\_\_\_
- Statutory Declaration of Common-law Union (if applicable) \_\_\_\_\_
- Photocopy of your Marriage Certificate (if applicable) \_\_\_\_\_

In addition to the above-noted documents, you must also include any other information required for the service you are requesting.

### STUDY PERMIT

For each person included in the application:

- PHOTOCOPIES of your travel or identity document (citizenship certificates, birth certificates, alien registration cards, etc.) if you did not use a passport to enter Canada \_\_\_\_\_
- Proof of acceptance or enrolment from Designated Learning Institution \_\_\_\_\_
- Proof of academic standing at institution(s): letter from institutional registrar and/or photocopies of transcript from your last two periods of study \_\_\_\_\_
- If studying in Quebec, MIDI's letter of approval concerning your application for a "Certificat d'acceptation du Québec" (CAQ), or a valid "Certificat de sélection du Québec" (CSQ) application if your Application for Permanent Residence is being processed from within Canada, as applicable \_\_\_\_\_
- Proof of funds available/means of support, as specified \_\_\_\_\_
- PHOTOCOPY of your valid return ticket (if you have one) \_\_\_\_\_

If Refused Refugee Claimants applying to the Federal Court:

- Proof that you cannot support yourself without recourse to social assistance (welfare) \_\_\_\_\_

If you are currently receiving social assistance, attach a letter from the provincial social services department indicating you are receiving money or attach a cheque stub if it indicates clearly that it was issued by the provincial social services department.

- Proof that you filed for a review of your case by the courts \_\_\_\_\_

### RESTORATION OF TEMPORARY RESIDENT STATUS

For each person included in the application:

- PHOTOCOPY of your current immigration document (if you have one) \_\_\_\_\_
- Documents related to your loss of status \_\_\_\_\_





## APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA AS A STUDENT

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

<b>1</b> UCI	<b>2</b> * I want service in English	<b>OFFICE USE ONLY</b> Validated															
<b>3</b> I am applying for one or more of the following: <input type="checkbox"/> * An initial study permit or extension of study permit <input type="checkbox"/> * Restoration of temporary resident status as a student <input type="checkbox"/> * Initial temporary resident permit or extension of temporary resident permit																	
<b>PERSONAL DETAILS</b>																	
<b>1</b> Full name * Family name (as shown on your passport or travel document) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Given name(s) (as shown on your passport or travel document)</td> </tr> </table>			Given name(s) (as shown on your passport or travel document)														
Given name(s) (as shown on your passport or travel document)																	
<b>2</b> a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Family name</td> <td style="width:50%; border: none;">Given name(s)</td> </tr> </table>			Family name	Given name(s)													
Family name	Given name(s)																
<b>3</b> * Sex	<b>4</b> Date of birth * YYYY * MM * DD	<b>5</b> Place of birth * City/Town * Country															
<b>6</b> * Citizenship																	
<b>7</b> Current country of residence:																	
Country	Status	Other															
* Canada	*																
		From To															
		YYYY-MM-DD YYYY-MM-DD															
<b>8</b> a) Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input type="checkbox"/> * No <input type="checkbox"/> * Yes b) If you answered "yes" to question 8a), please provide details <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Country</td> <td style="width:20%;">Status</td> <td style="width:20%;">Other</td> <td style="width:20%;">From</td> <td style="width:20%;">To</td> </tr> <tr> <td></td> <td></td> <td></td> <td>YYYY-MM-DD</td> <td>YYYY-MM-DD</td> </tr> <tr> <td></td> <td></td> <td></td> <td>YYYY-MM-DD</td> <td>YYYY-MM-DD</td> </tr> </table>			Country	Status	Other	From	To				YYYY-MM-DD	YYYY-MM-DD				YYYY-MM-DD	YYYY-MM-DD
Country	Status	Other	From	To													
			YYYY-MM-DD	YYYY-MM-DD													
			YYYY-MM-DD	YYYY-MM-DD													
<b>9</b> * a) Your current marital status		<b>b) (If you are married or in a common-law relationship)</b> Provide the date on which you were married or entered into the common-law relationship <span style="float: right;">▶</span> <table style="width:100%; border: none;"> <tr> <td style="width:100%; border: none;">Date</td> </tr> <tr> <td style="border: none;">YYYY-MM-DD</td> </tr> </table>	Date	YYYY-MM-DD													
Date																	
YYYY-MM-DD																	
c) Provide the name of your current Spouse/Common-law partner <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Family name</td> <td style="width:50%; border: none;">Given name(s)</td> </tr> </table>			Family name	Given name(s)													
Family name	Given name(s)																
d) If you are married or in a common-law relationship, is your spouse or common-law partner a Canadian citizen or permanent resident? <input type="checkbox"/> No <input type="checkbox"/> Yes																	
<b>FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE</b>																	

This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants.

(DISPONIBLE EN FRANÇAIS - IMM 5709 F)



Applicant Name	Date of Birth
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**PERSONAL DETAILS (CONTINUED)**

10 a) Have you previously been married or in a common-law relationship? <input type="checkbox"/> * No <input type="checkbox"/> * Yes			
b) Provide the following details for your previous Spouse/Common-law partner:			
Family name	Given name(s)		
c) Type of relationship	d) From YYYY-MM-DD	To YYYY-MM-DD	e) Date of Birth YYYY MM DD

**LANGUAGE(S)**

1 * a) Native language/Mother Tongue	b) If your native language is not English or French, which language do you use most frequently?	2 * Are you able to communicate in English and/or French?
3 Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> * No <input type="checkbox"/> * Yes		

**PASSPORT**

1 * Passport number	2 * Country of issue	3 * Issue date YYYY-MM-DD	4 * Expiry date YYYY-MM-DD

**CONTACT INFORMATION**

**If submitting your application by mail:**  
- All correspondence will go to this address unless you indicate your e-mail address below.  
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.  
- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.

1 <b>Current mailing address</b>					
P.O. box	Apt/Unit	Street no.	* Street name		
* City/Town	* Country Canada	* Province	* Postal code		
2 <b>Residential address</b> Same as mailing address? <input type="checkbox"/> * No <input type="checkbox"/> * Yes					
Apt/Unit	Street no.	Street name			
City/Town	Country Canada	Province	Postal code		
3 <b>Telephone no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other			4 <b>Alternate Telephone no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other		
Type	Country Code	No.	Ext.	Type	Country Code No. Ext.
5 <b>Fax no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other			6 <b>E-mail address</b>		
Country Code	No.	Ext.			

**COMING INTO CANADA**

1	Date and place of your original entry to Canada	* Date YYYY-MM-DD	* Place
2	* a) The original purpose for coming to Canada	b) Other	
3	Date and place of your most recent entry to Canada (if not the same as original entry)	Date YYYY-MM-DD	Place
4	If applicable, provide the document number of the most recent Visitor Record, Study Permit, Work Permit or Temporary Resident Permit issued to you.	Document Number	

Applicant Name	Date of Birth
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**DETAILS OF INTENDED STUDY IN CANADA**

<b>1</b> I have been accepted at the following educational institution					
* a) Name of School		* My level of study will be:		My field of study will be:	
b) Complete address of school in Canada					
* Province		* City/Town		* Address	
<b>2</b> Designated Learning Institution # (O#)		My Student ID # is:		<b>3</b> Duration of expected study	* From * To
				YYYY-MM-DD	YYYY-MM-DD
<b>4</b> The cost of my studies will be:			<b>5</b> * a) Funds available for my stay(CAD) * b) My expenses in Canada will be paid by: c) Other		
* Tuition	Room and board	Other			
<b>6</b> a) In addition to a study permit, are you also applying for a work permit? <input type="checkbox"/> * No <input type="checkbox"/> * Yes			b) What type of work permit are you applying for:		
<b>7</b> If you have been issued a Quebec Acceptance Certificate (CAQ), provide the:					
Certificate Number			Expiry Date		

If you are under the age of majority of the province/territory where you intend to study, you must fill out the *Custodian Declaration [IMM5646]* form.

**EDUCATION**

Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes				
If you answered "yes", give full details of your highest level of post secondary education.				
<b>1</b>	From YYYY MM	Field and level of study	School/Facility name	
	To YYYY MM	City/Town	Country	Province/State

**EMPLOYMENT**

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)				
<b>1</b>	From *YYYY *MM	* Current Activity/Occupation	* Company/Employer/Facility name	
	To YYYY MM	* City/Town	* Country	Province/State
<b>2</b>	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	Province/State
<b>3</b>	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	Province/State

Applicant Name	Date of Birth
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**BACKGROUND INFORMATION**

You must complete this section if you are 18 years of age or older.

<b>1</b>	<p>a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) If you answered "yes" to question 1a) or 1b), please provide details.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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<b>2</b>	<p>a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) Have you previously applied to enter or remain in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>d) If you answered "yes" to question 2a), 2b) or 2c), please provide details.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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<b>3</b>	<p>a) Have you ever committed, been arrested for or been charged with or convicted of any criminal offence in any country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered "yes" to question 3a), please provide details.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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<b>4</b>	<p>a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered "yes" to question 4a), please provide dates of service and countries where you served.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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<b>5</b>	<p>Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<b>6</b>	<p>Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
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Applicant Name	Date of Birth
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**SIGNATURE**

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future?     No     Yes

I consent to the release to CIC and Canada Border Services Agency of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I understand that CIC is collecting this personal information to assess whether I should be granted a study permit and will use this information to verify my eligibility for a study permit as well as my compliance with the conditions of my study permit. CIC may disclose my personal information to CBSA to enforce the requirements of the Immigration and Refugee Protection Act.

I also understand that CIC may disclose my personal information to my designated learning institution to inquire whether I am in compliance with the conditions of my study permit. I consent to the disclosure of my personal information by my designated learning institution to CIC for the purpose of determining whether I am in compliance with these conditions. Failure to provide such consent will result in a refusal to grant a study permit.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

**IMPORTANT NOTE:**

**This application must be signed and dated before it is submitted by mail.**

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

**DISCLOSURE**

The information you provide on this form is collected under the authority of the Immigration and Refugee Protection Act to determine if you may be admitted to Canada as a student. It will be stored in Personal Information Banks (PPU 051 Foreign Student Records and Case File) CIC. The information may be shared with other Canadian government institutions such as the Canada Border Services Agency (CBSA), the Department of Foreign Affairs and International Trade Canada (DFAIT), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may also be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions under the terms of an agreement or arrangement for the purposes of validating status and identity to administer their programs. In accordance with the Privacy Act and the Access to Information Act, individuals have a right to protection of and access to their personal information. Details on these matters are available at the Info Source website (<http://infosource.gc.ca>) and through the Citizenship and Immigration Canada Call Centre.





# CUSTODIANSHIP DECLARATION - CUSTODIAN FOR MINORS STUDYING IN CANADA

## STUDENT INFORMATION

Student's full name	Citizenship	Date of birth Y      M      D	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name and address of school in Canada			
Address where student will reside in Canada			

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

	Parent/Guardian 1	Parent/Guardian 2
Full name		
Date of birth	Y      M      D	Y      M      D
Home address		
Telephone number		

## CUSTODIAN INFORMATION

Full name	Status in Canada <input type="checkbox"/> Canadian citizen or <input type="checkbox"/> Permanent resident	Date of birth Y      M      D
Home 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 a permanent resident, is over 19 years of age, and currently resides at the home address stated above.

I, \_\_\_\_\_ (name of custodian), hereby solemnly declare that I will undertake the full custodianship for the said student, \_\_\_\_\_ (name of student), during his/her stay in Canada, while under the age of majority in the province in which he/she resides. As a custodian, I have made the necessary arrangements for the care and support of the said student in place of the parents as appropriate. By signing this custodian agreement, I certify that I reside within a reasonable distance of the student's intended residence and school and will be able to fulfil my obligations as a custodian in the event of an emergency.

\_\_\_\_\_  
Signature of custodian      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



## CUSTODIANSHIP DECLARATION - PARENTS/GUARDIANS FOR MINORS STUDYING IN CANADA

**STUDENT INFORMATION**

Student's full name	Citizenship	Date of birth Y            M            D  _ _      _      _	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name and address of school in Canada			
Address where student will reside in Canada			

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

	Parent/Guardian 1	Parent/Guardian 2
Full name		
Date of birth	Y            M            D  _ _      _      _	Y            M            D  _ _      _      _
Home address		
Telephone number		

**CUSTODIAN INFORMATION**

Full name	Status in Canada <input type="checkbox"/> Canadian citizen or <input type="checkbox"/> Permanent resident	Date of birth Y            M            D  _ _      _      _
Current residential address		
		Telephone number

My/Our child will reside:  with the appointed custodian,  in the school dormitory, or  
 with another person: \_\_\_\_\_ (please provide name and indicate relationship).

I/We, \_\_\_\_\_ and \_\_\_\_\_ (names of parents/guardians),  
the parents/guardians of the said student, \_\_\_\_\_ (name of student), hereby grant full custodianship to  
\_\_\_\_\_ (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 fulfil his/her obligations as a custodian in the event of an emergency.

_____ Signature of parent/guardian (1)	Year    Month    Day  _      _      _  Date	_____ Signature of parent/guardian (2)	Year    Month    Day  _      _      _  Date
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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





## USE OF A REPRESENTATIVE

You do not need to hire an immigration representative, it is your choice. No one can guarantee the approval of your application. All the forms and information that you need to apply are available free at [www.cic.gc.ca](http://www.cic.gc.ca).

A representative is someone who has provided advice or guidance to you prior to submitting your application, following the submission of your application, and/or someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and the Canada Border Services Agency (CBSA). You may have one representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

- I am:
- appointing a representative. Complete Sections A, B and D.
  - cancelling the appointment of a representative. Complete Section A, C and D.

### SECTION A: APPLICANT INFORMATION

1. **Your full name**

Family name (Surname)

Given name(s)

2. **Your date of birth**

3. **If you have already submitted your application:**

Name of office where the application was submitted

Location of office

Type of application (permanent residence, extension of study permit, etc.)

4. **Your Citizenship and Immigration Canada Identification number (if known)**

Client Identification (ID) or Unique Client Identifier (UCI) number

### SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

5. **Your representative's full name**

Family name (Surname)

Given name(s)

6. **Your representative: (choose one)**

is UNCOMPENSATED and is a:

- family member or friend
- member of a non-governmental or religious organization
- member of the Immigration Consultants of Canada Regulatory Council (ICCRC), a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*
- other

is or will be COMPENSATED and is a member in good standing of:

- the Immigration Consultants of Canada Regulatory Council (ICCRC)
  - ▶ Membership ID number
- a Canadian provincial or territorial law society
  - ▶ Which province or territory?
  - ▶ Membership ID number
- the *Chambre des notaires du Québec*
  - ▶ Membership ID number

**7. Your representative's contact information**

Name of firm or organization (if applicable)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	( )		
Fax number	Country code	Area code	Number
	( )		
E-mail address (if applicable)			

By indicating your representative's e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

**8. Your representative's declaration:**

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Party ID (if known)

Date

 (YYYY-MM-DD)
**SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE**

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

**9. Your representative's full name**

Family name (Surname)

Given name(s)

Name of firm or organization  
(if applicable)
**SECTION D: YOUR DECLARATION****10.**

- I declare that I have fully and truthfully answered all questions on this form and any attached application (if applicable).
- I also declare that I have read and understood all the statements on this form, having asked and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

 (YYYY-MM-DD)
Signature of spouse or common-law partner  
(if applicable)

Date

 (YYYY-MM-DD)

**Warning!** It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security and Intelligence Service (CSIS), where there is an agreement or arrangement with a foreign government, in accordance with subsection 8(2) of the *Privacy Act*. Pursuant to the *Immigration and Refugee Protection Regulations*, the information may also be shared with a regulatory body that is responsible for governing or investigating the conduct of representatives, such as a provincial and territorial law society, the *Chambre des Notaires du Québec* and the Immigration Consultants of Canada Regulatory Council (ICCRC). Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at [infosource.gc.ca](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**