



### GUARDIANSHIP FORM

(PLEASE PRINT / REMPLIR LE FORMULAIRE EN MAJUSCULES)

STUDENT NO. N° MATRICULE	STUDENT NAME NOM DE L'ÉTUDIANT/E	FAMILY NAME / GIVEN NAMES / MR. MRS. MS	NOM / PRÉNOMS / M. MME MLE
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Under the laws of Quebec and Canada, a person under the age of eighteen (18) years old is considered a minor.

I recognize that my relative (first name/last name) \_\_\_\_\_ born on (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ is considered a minor until his/her eighteenth birthday on (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

I hereby confirm that I will act as his/her legal guardian during his/her full-time studies in the Language & Culture Intensive Program at McGill University, School of Continuing Studies, during (term) \_\_\_\_\_ term and/or his/her eighteenth birthday.

I consent to being considered legal guardian of this person.

\_\_\_\_\_  
**Guardian Signature** (print name)

I consent to this person being the legal guardian of my son/daughter.

\_\_\_\_\_  
**Parent Signature** (print name)

I consent and understand that this person will act as my legal guardian.

\_\_\_\_\_  
**Student Signature** (print name)

**Departmental approval:** \_\_\_\_\_

#### GUARDIAN EMERGENCY CONTACT

Address (complete address)

\_\_\_\_\_  
(Street number, name, Apt.)

\_\_\_\_\_  
(Street number, name, Apt.)

\_\_\_\_\_  
(City, Province)

\_\_\_\_\_  
(Postal code)

(Primary tel. #)  home  work  other

(Secondary tel. #)  home  work  other