



Acadia University Custodian Agreement Terms of Reference

This section must be read and signed by the student and parents and /or legal guardians.

1. I agree that by signing this document I am giving Acadia University permission to disclose information about me to my parents / guardians, to Citizenship and Immigration Canada, other government agencies operating under statutory authority and, in the case of medical emergencies, doctors, nurses and other hospital staff as may be appropriate and necessary.
2. I will, while in Canada, obey all national, provincial and municipal (local) laws and I will obey the rules of Acadia University.
3. If I receive a Custodian Declaration from Acadia University and withdraw to attend another university or leave Wolfville, NS, prior to reaching the age of 19, the Custodian Agreement will be cancelled and Citizenship and Immigration Canada will be informed.
4. I agree to live in an Acadia University Residence until the end of the semester in which I turn 19. If I leave the Acadia University Residence system prior to reaching the age of 19, the Custodian Agreement will be cancelled and Citizenship and Immigration Canada will be informed. I understand that Acadia University's agreement to act as a Custodian does not guarantee that the University will be able to accommodate me. As a result, my start date may be delayed subject to the availability of residence housing.
5. It is my responsibility to inform Acadia University when I reach the legal age of 19 years.
6. I will only operate motorized vehicles while possessing a driver's license recognized as valid in the province of Nova Scotia. I acknowledge and have given careful consideration to Acadia University's recommendation that driver's from outside Canada complete a driver safety training program to ensure familiarity with provincial driving laws in Nova Scotia.
7. I agree to report to the Office of Student Services upon my arrival at Acadia University and to bring my Study Permit. The Office of Student Services will retain a copy. I agree to attend a meeting with my Custodian and other Acadia University officials as requested. This meeting will be organized by Acadia University within the first month of my arrival on campus. I will be notified through my Acadia email address of this meeting.

I understand that I am expected to follow and adhere to all the terms stated. I also understand that if I do not, the Custodian Agreement may be terminated and the University will notify Citizenship and Immigration Canada.

Student Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____

Please return all forms completed (including a copy of the information page of your passport) to:
Acadia University, Enrolment and Student Services
Box 40, 31 Acadia Street, Wolfville, Nova Scotia, Canada, B4P 2R6
Fax: 902-585-1092; Email: custodian@acadiau.ca