

Declaration Dependent Children

Student Service Centre
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File No.	For Office Use Only
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Student's Post-Secondary Education No.: _____

I, _____, of _____, _____
(Full name of student) (City/Town/Village) (Province)

Declare that I have full-time custody and the following children live with me at least 50% of the time:

Legal Given Name, Legal Surname	Sask. Health Services No. (HSN)	Check if child does not have an HSN	Date of Birth (dd/mmm/yyyy)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

And I make this Declaration conscientiously, believing it to be true, and knowing it is of the same force and effect as if made under Oath and by virtue of the Canada and Saskatchewan Evidence Acts.

X _____
Signature of Student Date

Note: The following declaration must be signed by a third-party professional (e.g., doctor, lawyer, clergy, councillor, social worker) who can verify the children declared above are in fact living with the student at least 50% of the time.

I, _____, of _____, _____
(Name of third-party professional) (City/Town/Village) (Province)
solemnly declare that I have knowledge that the above children live with _____ at least 50% of the time.
(Name of Student)

X _____
Signature of Third-Party Professional Date

Profession