

# Declaration

## Dependent Children Over 18

**Student Service Centre**  
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Regina, Canada S4P 0M3  
306-787-5620  
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For Office Use Only
File No. <input style="width: 150px; height: 20px;" type="text"/>

Student's Post-Secondary Education No.: \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_,  
(Full name of parent) (City/Town/Village) (Province)

certify that \_\_\_\_\_, is a full-time student at \_\_\_\_\_  
(Name of dependant) (Name of school)

living with me and is dependent upon me for the following reasons (check all applicable boxes):

- This dependant has never been married or living in a long-term common-law relationship;
- This dependant does not have any dependent children;
- This dependant has not been out of secondary school for four years or more;
- This dependant has not been in the workforce for two periods of 12 consecutive months.

certify that \_\_\_\_\_, is a full-time student at \_\_\_\_\_  
(Name of 2nd dependant) (Name of school)

living with me and is dependent upon me for the following reasons (check all applicable boxes):

- This dependant has never been married or living in a long-term common-law relationship;
- This dependant does not have any dependent children;
- This dependant has not been out of secondary school for four years or more;
- This dependant has not been in the workforce for two periods of 12 consecutive months.

certify that \_\_\_\_\_, is a full-time student at \_\_\_\_\_  
(Name of 3rd dependant) (Name of school)

living with me and is dependent upon me for the following reasons (check all applicable boxes):

- This dependant has never been married or living in a long-term common-law relationship;
- This dependant does not have any dependent children;
- This dependant has not been out of secondary school for four years or more;
- This dependant has not been in the workforce for two periods of 12 consecutive months.

**NOTE:** If your dependant does not fit into one of the categories listed, provide an explanation for their dependency on you, using the reverse side of this form. Remember to sign and date the form.

**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 parent

\_\_\_\_\_  
Date