International Education Program

SCHOOL DISTRICT #43 (COQUITLAM)
1100 Winslow Avenue, Coquitlam, British Columbia, Canada V3J 2G3
Telephone (604) 936-5769 Fax (604) 939-6427
Email: internationaled@sd43.bc.ca

CUSTODIANSHIP DECLARATION - PARENTS

STUDENT Information

Student's name in full	Citizenship	Date of Birth (dd/mm/yyyy)	Sex ☐ Male ☐ Female
Name and address of school in Canada			
Address where student will reside in Canada			

PARENTS' Information

	Father	Mother
Name in full		
Date of Birth (dd/mm/yyyy)		
Home address		
Phone number(s)/Email		

CUSTODIAN Information

Name in full	Status in Canada ☐ Canadian citizen ☐ Permanent resident	Date of Birth (dd/mm/yyyy)
Home address	Phone number(s) and Email	

My/Our child will reside with: (1) □ the appointed custodian (2) □ another person

If (2), please provide name of person and indicate relationship to student.

_____

I/We, _____and _____*(names of parents)*, the mother/ father of the said student, hereby grant full custodianship to _____ *(name of custodian)* during the child's stay in Canada while he/she is under the legal age in BC. I/We 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 parent(s). 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 custodian in the event of an emergency. We agree to notify the International Education Program of School District 43 (Coquitlam) in the event that the appointment of the person as custodian ceases or terminates and will provide documentation stating a new custodian.

_____	_____	_____	_____
Date	Signature of father	Date	Signature of mother

Sworn before me at _____ *(City), in the Province of* _____ *(Province, Country), this* _____ *day of* _____*(month),* _____ *(year).*

_____
Signature of Notary

(Seal)