

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 - CUSTODIAN

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
	Father

CUSTODIAN Information

Name in full		Date of Birth (dd/mm/yyyy)
Home address		 Status in Canada Canadian Citizen Permanent Resident of Canada
Phone number(s) Email	()	

The application of the notary seal below confirms that the notary public has received evidence that the custodian is a Canadian Citizen or Permanent Resident, is over the age of the majority in BC, and currently resides at the home address stated above.

I, _______(name of custodian), hereby solemnly declare that I will undertake the full custodianship for the said student, _______(name of student) during his/her stay in Canada while under legal age in BC. As the custodian, I have made the necessary arrangements for the care and support of the said student in place of the parent(s) as appropriate. By signing this custodian agreement, I certify that I reside within a reasonable distance of the student's intended residence and school, and I will be able to fulfil my obligations as custodian in the event of an emergency and as outlined in the guidelines provided by the International Education Program.

Signature of Custodian	Signature of Notary Sworn before me at	(City),
Date	In the province of	(Province, Country)
	This day of(month),	(year)
	(Seal)	

CUSTODIANSHIP OBLIGATIONS

In particular, but not limited to, I accept the following responsibilities as custodian of this child. I will:

- 1. Handle all communication with the International Education Program and/or school of the Coquitlam School District (hereinafter called "the District") including report cards, parent-teacher interviews and any disciplinary action. At any meetings called for by the District, the custodian might be responsible for translation services.
- 2. Ensure student maintains proper medical coverage pertaining to the District policy, and is prepared to make decisions relating to medical emergencies and any costs incurred for emergency care.
- 3. Monitor the student's health and medical care.
- 4. Ensure the Study Permit is always kept up to date and that a valid copy is provided promptly to the International Education office.
- 5. Monitor the student's attendance, punctuality and academic performance.
- 6. Encourage the student to take full advantage of the educational system and ensure that they attend regularly and complete all of their assignments.
- 7. Monitor the student's behaviour as defined by the District and the District Code of Conduct.
- 8. Ensure that the student is at all times supervised by a responsible adult in a home environment which is safe and supportive of learning.
- 9. Take an interest in the student's activities and friends.
- 10. Foster opportunities for the student to take part in activities that will increase awareness of Canadian culture.
- 11. Inform the school and student's parents of any concerns regarding the student.
- 12. Notify the International Education Program in writing immediately in the event this custodianship is terminated with the notification of termination from the parent(s).

Signature of Custodian



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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	Date of Birth (dd/mm/yyyy)
		Canadian citizen	
		□ Permanent resident	
Home address		Phone number(s) and Email	
My/Our child will reside with:	(1) \square the appointed custodian	$(2) \ \Box \ \text{ another person}$	

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

I/We, ________(names of parents), the mother/ father of the said student, hereby grant full custodianship to _______(names 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	a the Province
of	(Province, Count	try), this day of((month), (year).

Signature of Notary