

CUSTODIANSHIP DECLARATION - CUSTODIAN FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION							
Student's full name		Citizenship		Date of birth Y	M D	Sex	
						Male Male	Female
Name and address of school in Car	nada	4			21 21 21		
Address where student will reside in	n Canada						
DADENTO/OUADDIANG INFO	DMATION /Destaurable forms best						
PARENTS/GUARDIANS INFO	RMATION (Preferably from both		ns)				
	Parent/Gu	ardian 1			Parent/G	uardian 2	
Full name					37.5		
Date of birth	Y	М D		60	Y	M D	
					<i>20</i> 27 27	20 20 20	
Home address							
Tiome address							
Telephone number							
CUSTODIAN INFORMATION							
Full name				Status in Canada Canadian ci	tizen or	Date of birth Y	M D
				Permanent	2010/10/2010/00/2010		
Home address							-
				1	Telephone num	nber	
The application of the official seal	below confirms that the notary public h	nas received evidence	e that the custo	odian is a Canadian	citizen or a perm	anent resident, is	s over 19 years of
age, and currently resides at the h	ome address stated above.						
l,		(name of	custodian), her	reby solemnly declar	e that I will unde	rtake the full cust	odianship for the
said student, (name of student), during his/her stay in Canada, while under the age of majority in the province in which he/she resides. As a custodian, I have made the necessary arrangements for the care and support of the said student in place of the parents as appropriate.							
the province in which he/she resid By signing this custodian agreeme	les. As a custodian, I have made the n ent, I certify that I reside within a reaso	ecessary arrangemer anable distance of the	nts for the care student's inter	and support of the nded residence and	said student in pl school and will b	ace of the paren e able to fulfil m	ts as appropriate. y obligations as a
custodian in the event of an emer	gency.						
			Year	Month Day			
Signature of custodian Date							
	(city), in the pr			_(province/territory)	,	coun	try (if applicable).
Thisday of	(month),	(year).					
· -	Signature of notary			OFFICIA	L SEAL OF NOT	TARY PUBLIC	

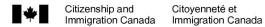


CUSTODIANSHIP OBLIGATIONS

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.
- 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

	inform the school and stadent's parents of any concerns regarding the stadent.
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).
 Signatu	re of Custodian



CUSTODIANSHIP DECLARATION -PARENTS/GUARDIANS FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION								
Student's full name		Citizenship	Date of birth Y	M D	Sex Male	Female		
Name and address of school in Ca	nada .		50 D. D. D.	60 - 60 - 60 - 60 - 60 - 60 - 60 - 60 -				
Traine and address of school in Ca	iaua							
Address where student will reside i	n Canada							
PARENTS/GUARDIANS INFO	RMATION (Preferably from both	parents/guardians)						
	Parent/Gu	ardian 1		Parent/Guardian 2				
Full name								
Date of birth	Y	M D		Y	M D			
Home address								
Telephone number								
CUSTODIAN INFORMATION			*					
Full name				ada an citizen or nent resident	Date of birth Y	M D		
Current residential address				,	t.			
				Telephone nui	mber			
My/Our child will reside: with the appointed custodian, in the school dormitory, or with another person: (please provide name and indicate relationship).								
I/We, and				(names of parents/guardians),				
the parents/guardians of the said student, (name of student), hereby grant full custodianship to								
(name of custodian), during the student's stay in Canada, while he/she is under the age of majority in the province in which he/she resides. I 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 parents. 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 a custodian in the event of an emergency.								
	Year	Month Day			Year	Month Day		
Signature of parent/gua	rdian (1) Date	e §	Signature of parent/g	uardian (2)		ate		
Sworn before me at:	(city), in the pr	ovince of	(province/terri	itory),	coun	try (if applicable).		
Thisday of	(month),	(year).						
	Signature of notary		OFF	FICIAL SEAL OF NO	TARY PUBLIC			

