

Confirmation of Parent Living with Student

Student's Name: _____
Last Name (Family Name) Given Name Preferred Name

Date of Birth: _____
Year Month Day

**TO: The International Education Office
 Burnaby School District**

I, _____ am the parent/ guardian of the above-named student and hereby confirm that I will be residing with the student for the duration of his/her studies in Burnaby.

If I am to be absent, it will be for a limited period of time. I will provide advance notice to the International Education Office and the assigned school, in writing, advising of the:

- duration of my absence
- name of the adult(s) the student will be residing with during my limited absence, as well as their age, their relationship to the student, and their contact information.

I hereby acknowledge and agree to the above expectations. I am aware that failure to adhere to the responsibilities and conditions noted above will lead to review of the student's continued participation in the International Student Program. If I fail to comply with the School District's stated expectations, the student's continued participation in the Program is subject to termination without refund.

Parent/ Guardian Signature

Date

Parent /Guardian Last Name

First Name