



ISLAND CATHOLIC SCHOOLS
International Student
Custodianship Form

IN THE MATTER OF the agreement of accepting responsibility/custodianship for

(Student's Name)

I/We _____
(Name) (Occupation)

Both of _____
(Address) (Postal Code)

In the City/Township of _____ in the Province of British
Columbia do solemnly declare:

1. That I am/we are Canadian citizen(s) or permanent resident(s) of Canada and are over the age of 19 years;
2. That I/we have agreed to assume responsibility/custodianship for the welfare and affairs of _____;
(Student's Name)
3. That the parents of _____ have appointed us as the custodians for their child's affairs during his or her period of study at _____;
4. Our telephone number is () _____ in _____, British Columbia;
5. I/We make this declaration in support of an application for the student to attend school in _____, British Columbia.

**SWORN BEFORE ME at the City/
Township of _____, in
the Province of British Columbia,
this _____ day of _____**

(Signature)
