



Canada Homestay International (CHI)
International Student Program
Notarized Parental Consent to Custodianship

<u>STUDENT</u> (the Student)	
NAME IN FULL:	
DATE OF BIRTH:	
NAME OF SCHOOL IN CANADA:	
<u>MOTHER</u>	<u>FATHER</u>
NAME IN FULL:	NAME IN FULL:
DATE OF BIRTH:	DATE OF BIRTH:
PRESENT ADDRESS:	PRESENT ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
<u>CUSTODIAN</u>	
NAME IN FULL :	
DATE OF BIRTH:	
PRESENT ADDRESS:	
PHONE NUMBER:	

We, the undersigned parents named above of the Student named above hereby declare as follows:

1. That I (we) are the Parent(s) of the Student.
2. That as a condition of the Custodianship of the Student, I (we) hereby assure the Custodian that the Student will be enrolled and in good standing in the CHN International Student Program, in Canada and reside and be in good standing in the homestay designated for the Student by CHN, in the province of Ontario, Canada.
3. That as a condition of the Custodianship of the said Student, I (we) agree to and have signed the CHN Student Homestay Application (SHA) for the Student (to which the Custodian is a party, as an agent of CHN) and the CHN Student Participation Agreement (SPA) for the Student (to which the Custodian is a party, as an agent of CHN).
4. That I (we) give permission to the Custodian of the Student, and/or the teachers and/or the staff of the school designated for the student by CHN and the hosts designated by CHN, to secure medical treatment for the Student when possible in the event of illness or injury, without recourse, as more fully described in the SHA and the SPA for the Student, referred to in Clause (3) above.
5. That I (we) assert that this is my (our) only Consent to Custodianship and that I (we) hereby revoke our Consent to Custodianship of any other person.

Signature of Parent(s)	Date
Signature of Parent(s)	Date
Notary Witness (Print Name)	
Notary Witness Signature	Date
Seal	