

# Custodianship Agreement

## Custodians of VSB International Students

**VSB International**  
**Education office:**  
 Phone: 604.713.4534  
 Email: [intered@vsb.bc.ca](mailto:intered@vsb.bc.ca)

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  

Last Name (Family Name)
Given Name(s)
Preferred Name (if different)

Vancouver school: \_\_\_\_\_ Date of birth: \_\_\_\_\_  

Year
Month
Day

I, \_\_\_\_\_, am the primary custodian of the above-named student and will be the primary caretaker while the student is studying in the Vancouver School District (VSB). I am 25 years of age or older. I will:

1. Support the student to be successful in his/her studies by communicating regularly about his/her progress and providing assistance. I will report any concerns about the student's well-being to the VSB International Education office and will communicate with the student's parents.
2. Communicate with the student's school regarding the student's report cards, attendance, academic performance, and parent-teacher interviews. I understand that I am to be the primary contact for the school and the international office, and if a meeting is required with me to discuss a student issue, I will make every effort to be available to meet in person.
3. Do my best to help ensure the student attends classes every school day. I am aware that if the student accumulates numerous unexcused absences, he/she will be withdrawn. I will inform the school whenever the student is absent.
4. Inform the school and International office if the student's address, telephone number, or host family changes. I understand that the school district reserves the right to withdraw the student if the accommodation arrangements are unsatisfactory.
5. Ensure the student renews his/her study permit and provides a valid copy to the school or international office each year.
6. **Not** have more than five (5) international students under my custodianship. If so, a meeting with the International Education District Principal will be required.
7. Ensure that no more than two (2) international students reside in any one home. If so, a meeting with the International Education District Principal will be required (please review the Ministry of Education K-12 International Student Homestay Guidelines).
8. Notify the VSB International Education office in writing when I cease to act as this student's custodian.
9. Inform the International Education office if I leave Vancouver. The alternate custodian must assume custodianship and visit the International Education office in person to provide photo identification and sign the custodianship agreement. It is my responsibility to inform the alternate custodian when he/she assumes custodianship.

I understand that this is a competitive program with limited seats. If the student does not abide by the VSB International Student Participation Agreement, I understand that the student may not be invited back.

I have read and understood the above terms. If I do not abide by these regulations, the Vancouver School Board has the right to end this custodianship agreement and the parents will be required to nominate a new custodian.

Initial

### Primary Custodian

Custodian's Printed Name	Custodian's signature <i>* For 2020-2021 only, signature in presence of VSB staff is not mandatory.</i>
Custodian's Telephone Number (cell)	Custodian's Telephone Number (other) <i>* must present photo identification with signature (i.e. Driver's license, passport, etc.)</i>
Custodian's Address (in Vancouver area)	City _____, BC _____ Postal Code _____ Custodian's e-mail address _____

### Emergency Alternate Custodian

An alternate custodian (25 years of age or older) must be appointed and available for contact in case of emergency.

Alternate Custodian's Printed Name	Alternate Custodian's Address (in Vancouver area)	City _____, BC _____ Postal Code _____
Alternate Custodian's Telephone Number (cell)	Alternate Custodian's Telephone Number (other)	Alternate Custodian's e-mail address

### Parent Confirmation

I, the parent of the student, certify that the information on this form is complete, authentic, and true. I understand that if this is not the case, this student will be withdrawn without refund from the VSB International Education Program. In addition, upon termination of this custodianship agreement, I will be required to nominate a new custodian.

Parent's Printed Name	Parent's Signature	Date
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