



The Canada Homestay Network, Inc.

Incorporating Canada Homestay International

Parental/Legal Guardian Appointment of Custodian

<u>STUDENT</u>	
NAME IN FULL (the Student)	
DATE OF BIRTH	
SCHOOL IN CANADA (the School) selected by Student	
Name of School	
Address of School	
INITIAL PERIOD of the Student in CANADA (the Period)	
Arrival Date (on or about)	
Departure Date (on or about)	
<u>MOTHER</u>	
NAME IN FULL	
DATE OF BIRTH	
PRESENT ADDRESS	
PHONE NUMBER(S)	
EMAIL	
<u>FATHER</u>	
NAME IN FULL	
DATE OF BIRTH	
PRESENT ADDRESS	
PHONE NUMBER(S)	
EMAIL	
<u>LEGAL GUARDIAN</u> (if applicable)	
NAME IN FULL	
DATE OF BIRTH	
PRESENT ADDRESS	
PHONE NUMBER(S)	
EMAIL	
<u>CUSTODIAN</u>	
NAME IN FULL (the Custodian)	Kirsten Falconer
DATE OF BIRTH	Dec.15, 1970
PRESENT ADDRESS	127 Margaret Place, Brockville, ON, K6V 6Y6, CANADA
PHONE NUMBER(S)	613.341.3029 ext. 2047
EMAIL	uclc@canadahomestaynetwork.ca

I/We, the undersigned parent(s) or Legal Guardian named above of the Student hereby declare as follows:

1. That I/we am/are the Parent(s) or the Legal Guardian of the Student.
2. That until the expiry of the period of the Stay and any extension thereof as agreed by me/us and CHN or until the Student reaches the age of majority in the province in which he/she resides (collectively, the "Custodianship Term"), whichever occurs first, I/we hereby:
 - a. appoint the Custodian and any qualified person who is duly authorized by the Custodian to act for and in the place and stead of the Custodian (the "Custodian's Representative") to ensure that the Student is provided with accommodation in a



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- homestay personally inspected and approved by CHN, with homestay hosts (the “Hosts”) personally interviewed and approved by CHN, where the Student will have 3 nutritious meals per day; and,
- b. give permission to the Custodian, and /or the Custodian’s Representative, and where applicable, any teacher and/or other appropriate staff member of the School and/or the Hosts, to arrange for medical attention for the Student when possible in the event of illness or injury of which any of the foregoing persons has knowledge, without recourse, as more fully described in the CHN Student Homestay Application (the “SHA”) and the CHN Student Participation Agreement (the “SPA”).
3. That as a condition of this appointment, I/we agree to and have signed the SHA and the SPA for the Student.
 4. That as a further condition of this appointment, I/we hereby assure the Custodian and/or the Custodian’s representative that the Student will be enrolled in the School and while enrolled will be in good standing at the School and that the Student will reside with and be in good standing with the Hosts during the Custodianship Term, failing either of which, I/we agree to be bound by and be liable for the consequences of such failure as contained in the SPA for the Student.
 5. That as a further condition of this appointment, and in furtherance of the interests of the Student, I/we hereby direct the Student and the School to provide the Custodian and/or the Custodian’s Representative with timely access to any information concerning the Student’s performance, behaviour and other experience at the School including without limitation, course/subject selection, academic reports, correspondence, memoranda, assessments, test results and extra-curricular activities, as well as timely notice of and the right to attend any meetings, case conferences or interviews regarding the Student. I/we hereby confirm that I/we consider the sharing of such information with and otherwise giving access to the Custodian and/or the Custodian’s Representative as provided above in this Clause 5 are essential to the proper exercise of this appointment and of the role of a custodian and as such hereby declare that this shall constitute my/our consent under applicable privacy legislation in Canada to do so.
 6. That I/we certify that this is my/our only Appointment of Custodian of the Student, and for greater certainty, I/we hereby revoke any other appointments relating to custodianship of the Student.

Signature of Parent(s)	Date
Signature of Legal Guardian	Date
Notary Witness (Print Name or Stamp)	Notary Witness Seal
Signature of Notary Witness	Date