

International Student Program Change of Student Contact Information

Today's Date (MM-DD-YYYY):			OFFIC	LE USE CINLY
Effective Date (MM-DD-YYYY):		ISF	Student Numbe	r:
STUDENT INFORMATION				
Legal Last Name:	L	.egal First Name:		
Birthdate (MM-DD-YYYY):	Current BSD School:			
Student's Email:	9	Student's Cell Phone	e:	
CHANGE OF STUDENT LOCAL AD	DRESS – NEW HOMESTAY FAM	IILY INFORMATION		
Legal Last Name:	Legal First Name:			
Birthdate (MMM-DD-YYYY):	Relation	Relationship to Student:		
Cell Phone:	Home Phone:		Email:	
Homestay Address:			City	Postal Code:
CHANGE OF LEGAL CUSTODIAN	INFORMATION			
I, as the parent of the above-name	ed student, have authorized the fo	ollowing person to be	e my child's legal	custodian and confirm that:
International Studen	th the newly appointed custodian t Program expectations.			
	Legal First Name: Legal First Name: Relationship to Student:			
	Home Phone:			
Custodian's Address:				
CHANGE OF PARENT HOME COL	INTRY CONTACT INFORMATION	N		
Legal Last Name:	Leş	gal First Name:		
Cell Phone:	Home Phone:		Email:	
Home Country Address:				
City	Province	Country		Postal Code:
PARENT INFORMATION				
Legal Last Name:	Legal F	irst Name:		
Email:	Phone number:		Relationship to student:	
Parent's Signature:			Date:	

Please complete and email to international@burnabyschools.ca

FOR SECONDARY STUDENTS: Please submit your completed form to your school's International Student Assistant.