

## International Student Program Confirmation of Parent Living with Student

Studen	nt's Name:					
		Last I	Name (Family Na	ame)	Given Name	Preferred Name
Date o	f Birth:					
	Y	'ear	Month	Day		
го:	Internati	onal E	ducation			
	Burnaby School District					
					am the narent	of the above-named student and here
onfirn	n that I wil	l be re	esiding with n	ny child for		their studies in Burnaby.
flam	to be abse	ent:				
1.	It will be	for a b	orief period o	f time, and	I	
2. I will provide advance notice to the International Education Department and my child's						tion Department and my child's schoo
	advising					
			on of my abse			
				•	will be residing w nt, and contact in	ith during my absence, along with the formation.
						e may jeopardize my child's continued nd will be provided.
Parent l	Last Name					First Name
Parent !	Signature				_	Date
raient	Signature					Date
Updated:	October 2023					