BOARD OF EDUCATION BURNABY SCHOOL DISTRICT 41

International Student Program
Extended Stay in Canada

Today's Date (Example: JAN-01-2022): _____

Planned Date to Return to Home Country: (MMM-DD-YYYY): _____

OFFICE USE ONLY

ISP Student Number: ☐☐☐☐☐

If remaining in Canada with a parent, date of parent arrival: (MMM-DD-YYYY): _____ ***(Please attach copy of parent's flight)***

STUDENT INFORMATION

Legal Last Name: _____ Legal First Name: _____

English Name: _____ Birthdate (MMM-DD-YYYY): _____

Current BSD School: _____ Student's Email: _____

Reason for Remaining in Canada: _____

***** IMPORTANT NOTICE TO PARENTS/CUSTODIANS *****

It is an expectation of the District that students are to return to the care and supervision of their natural parent in their home country immediately after completion of their studies, being the last day of classes (if no examinations are required). It has come to our attention that you have permitted your child to remain in Canada after such time. If a parent decides to have their child remain in Canada beyond their period of study, no longer will their child be supported by Burnaby's International Education Office. Additionally, the student's medical insurance will be cancelled as of _____.

If a parent is intending to have their child remain in Canada, they are responsible for ensuring their child has adequate medical insurance coverage, has arranged proper care and supervision by a responsible adult, and are entitled to remain in Canada per Immigration Refugee Citizenship Canada (IRCC).

To be Completed by a Parent

I,_____ , being the parent of _____(name of student), hereby give our child permission to remain in Canada after the completion of their studies. We understand and acknowledge that the District will not be liable or responsible for our child during this time and that it is our parental responsibility to make all necessary arrangements and understand all associated risks.

Parent Signature:_____

Please submit this form to the International Education Office at international@burnabyschools.ca

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OFFICE USE ONLY – DO NOT COMPLETE:

Name of International Student Assistant (ISA) submitting form: _____ Date: _____

Reviewed by Program Coordinator: _____ Date: _____

❑ Secondary: VP-Intl + SISOP + ISA + Medical + Langara Homestay

Emailed By: _____ Date: _____

❑ Elementary: Principal + Secretary + Medical + Elementary Placement

Emailed By: _____ Date: _____

Uploaded Sent Email to School by: _____

PROCEDURES/DOCUMENTS (check if apply):

☐ Updated TN database

☐ Uploaded Sent Notification Email to School