



International Education Program/ English as a Second Language
British Columbia Christian Academy
1019 Fernwood Avenue, Port Coquitlam, British Columbia V3B 5A8
Telephone: (604) 941-8426 Fax: (604) 945-6455 www.bcchristianacademy.ca

NOTARIZED ACCEPTANCE OF GUARDIAN'S RESPONSIBILITIES

(To be completed by parents and guardian)

PARENTS AUTHORIZATION:

We, the undersigned, as parents of full name of student, born on: dd-mmm-yyyy hereby appoint the following person as a legal guardian to my child while he is a student at BC Christian Academy.

_____ of _____
Print name of Guardian Print full address of Guardian

We agree to notify British Columbia Christian Academy in Port Coquitlam in the event that the appointment of the above-named person as guardian to my child ceases or terminates and will provide notarized documents authorizing a new guardian. We understand that our child is expected to adhere to all rules and regulations as set out by the program at British Columbia Christian Academy. We have given our child permission to participate in all school activities (and have listed separately any exemptions which apply to our child). We hereby agree to indemnify British Columbia Christian Academy from all legal costs for which it may become liable in arranging such activities for the student.

Signature of Father

Signature of Mother

Print name of Father

Print Name of Mother

Complete Address of Parents: (Street) (City) (Province) (Postal Code) (Country)

Date of Birth: _____

Occupation: _____

GUARDIANS ACCEPTANCE:

I, the undersigned, hereby declare that I am a citizen or permanent resident of Canada and that the above-named student will reside with me at the following address:

(Street) (City) (Province) (Postal Code)

(home phone no.) (cell phone no.) (email address)

or with: _____ / _____
(full name of adult) (relationship to child)

at the following address: _____

(Street) (City) (Province) (Postal Code)

(home phone no.) (cell phone no.) (email address)

and that I accept the following responsibilities as guardian to this child:

- I. Handle all communication with the International Education or English as a Second Language Program (ESL), including report cards, parent-teacher interviews, and disciplinary action. At any meetings called for by British Columbia Christian Academy, the Guardian will be responsible for translation services if required.
- II. Ensures student maintains proper medical coverage through British Columbia British Academy and is prepared to make decisions relating to medical emergencies and any costs incurred for emergency care.
- III. Monitors their health and medical care.
- IV. Ensures student authorization is up to date.
- V. Monitors the student's attendance, punctuality and academic performance. Translates report cards and immediately forwards them to parents.
- VI. Encourages them to take full advantage of the educational system by ensuring that they attend regularly and complete assignments.
- VII. Monitors the student's behavior as defined by British Columbia Christian Academy.
- VIII. Ensures that the student is living with an appropriate family, which is safe and supportive of learning according to the guidelines set by British Columbia Christian Academy.
- IX. Takes an interest in their activities and friends.
- X. Fosters opportunities for students to take part in activities that will increase their awareness of Canadian culture.
- XI. Informs the school and student's parents of any concerns regarding the student.
- XII. Notifies the International Education and English as a Second Language Program in writing immediately in the event this guardianship is terminated.
- XIII. Notifies British Columbia Christian Academy immediately of any problems or concerns.

Any changes to the declared custodian or homestay agreement must be communicated to the British Columbia Christian Academy office within 48 hours. Failure to comply may result in withdrawal from the program.

Signature of Guardian

Signature of Notary Public

Print name of Guardian

Print Name of Notary Public

Date of Birth: _____

Occupation: _____

Driver's License No. _____

Notary
Seal