



***Waiver of Custodianship & Homestay Designation -
Residing with Family Member***

I, _____ certify that my child _____,
(Parent Name) (Student name)

will be attending a York Catholic District School Board school and will be residing in York Region for the duration of their attendance at a York Catholic District School Board School with:

_____ & _____
(Homestay parent NAME) (Homestay parent NAME)

_____ & _____
(Homestay parent EMAIL) (Homestay parent PHONE NUMBER)

at _____
(Full Residential Address)

I, _____ attest to the fact that the above-noted Homestay Parents are
(Parent Name)

blood relatives of our family and the nature of the family relation is (place an 'X' where appropriate):

- Grandparent
- Aunt (sister of student's: _ Mother/ _ Father)
- Uncle (brother of student's: _ Mother/ _ Father)
- Sibling (of student) Older than 19 years of age
- First Cousin

I attest to the accuracy of the information provided above.

If any of the information presented above is discovered to be untrue or circumstances change, I understand that I will be required to arrange and pay for the cost of Custodianship and Homestay services with Canada Homestay Network (CHN) or Muskoka Language International (MLI). I am fully aware of and understand the Homestay & Custodianship requirements of the York Catholic District School Board and will enlist the services of either CHN or MLI if required.

PLEASE PRINT CLEARLY

PARENT'S NAME

PARENT SIGNATURE

DATE

