



PARENTAL CONSENT FORM

Please complete the form digitally, where possible

Student Information

| | | | |
|----------------------|----------------------|-----------------------|---|
| First Name: | Last Name: | DOB (DD/MM/YYYY): | Gender: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Place of birth: | Passport number: | Passport Expiry Date: | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Parent/Legal Guardian 1

| | | | |
|----------------------|----------------------|----------------------|---|
| First Name: | Last Name: | Mobile Number: | Gender: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| House Address: | Email Address: | | |
| <input type="text"/> | <input type="text"/> | | |
| <input type="text"/> | | | |

Parent/Legal Guardian 2

| | | | |
|----------------------|----------------------|----------------------|---|
| First Name: | Last Name: | Mobile Number: | Gender: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| House Address: | Email Address: | | |
| <input type="text"/> | <input type="text"/> | | |
| <input type="text"/> | | | |

Note: If only one parent/guardian has legal custody, please provide documentation confirming sole custody

Emergency Contact Information

Please provide the details of someone to contact in case of emergency, other than the parent(s)/guardian(s) signing this form

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Consent and Acknowledgements

I/We, the undersigned, hereby:

- Grant permission for the above-named minor to participate in the Canadian Home Stays programme and to travel to and reside in Canada under the care of an assigned host family.
- Authorise Canadian Home Stays and the assigned host family to act in loco parents (in place of the parent) during the programme, including decisions related to the student's health and welfare.
- Confirm that the minor has our consent to travel internationally for the purpose of this programme.
- Acknowledge that a notarised copy of this consent form may be required by immigration officials, and we agree to provide one if requested.
- Understand that full placement details will be shared following application acceptance, and that we have reviewed the programme's terms and conditions.

Signatures

Parent/Guardian 1 Signature

Date:

Parent/Guardian 2 Signature (if applicable):

Date:

Witnessed by:

Name of Witness:

Signature of Witness:

Date:

Submission Instructions

Please ensure all sections are completed accurately. Submit the signed form along with the student's application package to: canadianhomestays@hotmail.com.

For any questions or further assistance, contact us at the above email address.

