

Today's Date: _____ Name of School: _____ School Grade: _____

It is the responsibility of the student's PARENTS and the CUSTODIAN to notify both the school office and the International Education Office of any information changes on this form.

Telephone #: (604) 713-4534

Fax #: (604) 713-4536

E-mail: intered@vsb.bc.ca

STUDENT INFORMATION IN VANCOUVER

Student's Name: _____
Last Name (Family Name) Given Name(s) Preferred Name (if different)

Date of birth: _____ **Age:** _____ **Gender:** Male Female
Year Month Day in years

Student Address: _____, _____, BC, _____
Street Address (in Vancouver area) City Postal Code

Contact Information: _____
Home Telephone Number Student Cell Phone Number Student Email Address

Homestay Mother: _____
Last Name (Family Name) Given Name(s) Homestay Mother Email Address
Homestay Mother Cell Phone Number Homestay Mother Work Telephone Number

Homestay Father: _____
Last Name (Family Name) Given Name(s) Homestay Father Email Address
Homestay Father Cell Phone Number Homestay Father Work Telephone Number

PARENTS' HOME COUNTRY INFORMATION

Father: _____ **Mother:** _____
Last Name (Family Name) Given Name(s) Last Name (Family Name) Given Name(s)

Father: _____ **Mother:** _____
Area Code Cell Phone Number Email Address Area Code Cell Phone Number Email Address

Address: _____, _____, _____
Street Address City Province/State
Country Postal Code Area Code Home Telephone Number

CUSTODIAN INFORMATION (in Vancouver) – if different from Homestay Parent

Custodian: _____
Mr/Mrs/Ms Last Name (Family Name) Given Name Relationship to Student

Address: _____, _____, BC, _____
Street Address (in Vancouver area) City Postal Code

Contact Information: _____
Home Telephone Number Cell Phone Number Email Address

Custodian Name Custodian Signature