## **DECLARATION OF LIVING ARRANGEMENTS**

(To be completed by Parent who will be living with the child)

Ι,	, declare that
Name of parent legally re	esponsible for the child
my child,	
	Name of child
will reside with me at the following loca	al address during his/her studies in the International
Education Program at New Westminster	School District:
Street:	City:
Province:	Postal Code:
Local Phone#:	_ Email:
I agree to notify the International Educa	ation Program of New Westminster School District
#40 in the event that there are any cha	anges in the above living arrangements.
Parent's Signature:	Date:

Thank you.