

TERMINATION OF CUSTODIANSHIP

I, the parent/legal guardian confirm that my child, _____ will leave
Last Name, First Name

the Abbotsford School District's International Program on _____.
Month / Day / Year

I understand that as of _____, the Abbotsford School District will cease to
Program Leaving Date (mmm/dd/yyyy)

provide custodianship to my child.

I understand that if my child does not leave Canada on that date, I accept full responsibility for my child and absolve the Abbotsford School District of any responsibility and liability.

I understand that the medical coverage will also end on the leaving date provided above.

I have read this agreement and fully agree to its terms and conditions.

Parent Name Print

Parent Signature

Date