



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

I, \_\_\_\_\_ certify that my child \_\_\_\_\_  
**(Parent Name)** **(Student Name)**

will be attending a York Catholic District School Board (YCDSB) school, and will be living in York Region for the duration of their attendance at a YCDSB school with and under the custodianship of the following English speaking family member(s) or family friend (*please provide contact information for family member(s)/family friend your child will be living with*):

at \_\_\_\_\_  
**(Full Residential Address)**

My child will live with (place an 'X' where appropriate):

- Family Member - over the age of 19 \_\_\_\_\_ relation to student
- Family Friend - over the age of 19 (confirmed relation of more than 3 years)

**Family Member/Friend #1:**

Full Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Family Member/Friend #2:**

Full Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**(Initial):**

\_\_\_\_\_ I attest to the accuracy of the information provided above.

\_\_\_\_\_ If any of the above information is found to be untrue, my child may be expelled from program.

\_\_\_\_\_  
PARENT'S NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

