

Guardianship Information Request

First Choice International Placement Inc.

IMPORTANT: TO COMPLETE A CUSTODIAL GUARDIANSHIP DECLARATION WE REQUIRE THE FOLLOWING INFORMATION. PLEASE PRINT CLEARLY.

STUDENT INFORMATION

Full Name: _____

Citizenship: _____

Date of Birth: _____ (day) _____ (month) _____ (year)

Student Gender: male female

School Attending: _____

Residence Type: homestay campus residence

PARENT/GUARDIAN #1 INFORMATION

Full Name: _____

Date of Birth: _____ (day) _____ (month) _____ (year)

Home Address: _____

Phone Number(s): _____

PARENT/GUARDIAN #2 INFORMATION

Full Name: _____

Date of Birth: _____ (day) _____ (month) _____ (year)

Home Address: _____

Phone Number(s): _____

I certify that the above information is true to the best of my knowledge.

Signed: _____ Date: _____
(Parent or Agent)

Please fax completed form to 604-984-2373 or scan and email to apply@fciplacement.com



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