



INTERNATIONAL STUDENT PROGRAM

115 Nelson Road, Saskatoon, SK S7S 1H1 Canada
Ph: 1 306 659-7688 or 7689 *Cell: 1 306-290-1921
Email: international@gscs.ca *Website: https://gscs.ca/isp

GSCS Homestay Program - Activity Authorization Form

This form is required if you are planning to do any of the following and must be submitted at least five days before planned activity:

- Any travel or activity without the host or the school (i.e., day trips, overnights and/or travel with friends or relatives).
- Any overnight activity with the host or school.
- Any activity requiring a financial contribution by the student.

***If you are having a sleepover with another GSCS host family, this form isn't required. A message to the homestay coordinator with details including sleepover location is sufficient.*

Student Name: _____

Host Name(s): _____

Nature of Excursion:

- School Trip (with school staff).
- Sleepover in the home of a family that is not in our homestay program.
- Independent Travel/Travelling with Other Students.
- Family Trip (with host family).
- Other: _____

Destination: _____

Activity Dates: One-time Trip Recurring Trips

Start Date (mm/dd/yyyy): _____

End Date (mm/dd/yyyy): _____

Method of Travel: _____

Full Names of Activity Companions:

Excursion Contact Information: Hotel Private Home

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to You: _____



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Authorization

Parent or Legal Guardian

I hereby grant permission for the above-named student to participate in the activity described. I acknowledge and accept full responsibility and liability for the student's participation.

On behalf of myself and the student, I agree to waive, release, and discharge, and further agree to indemnify and hold harmless GSCS, including all its respective officers, directors, trustees, employees, representatives, agents, consultants, and independent service providers (including, without limitation, transportation providers), from and against any and all claims, liabilities, losses, damages, and expenses of any kind whatsoever. This includes, without limitation, loss, damage, or theft of property or money, personal injury, or death, however caused.

Parent Name: _____

Parent Signature: _____ Date: _____

Student Name: _____

Student Signature: _____ Date: _____

Host

I am fully aware of the student's plans as indicated above

Print Name: _____

Host Signature: _____ Date: _____

School Representative (If student will be missing school)

I am fully aware of the students planned absence from school as indicated above.

Print Name: _____

School Rep. Signature: _____ Date: _____

**Please email the completed form to Malvina Rapko, ISP
Homestay Coordinator, at homestay@gscs.ca**