Dear Registrar,	
I am the (Full Name)	
with custody rights, access rights or parental authori	ty over the following child:
Full Name:	
Date of Birth:	
They have my consent to register with the Vancouve	r School Board.
They are currently living with(Full Name)	Their relationship to this child is that of thei
If you have any additional questions, you may contact	et me at:
Phone Number:	
Email:	_
Signature of person giving consent	 Date Signed