

Parent Authority to Enrol Indemnity Document

for Students living with a Designated Caregiver/Homestay

I/We designate _____ to provide accommodation for my/our son/daughter, to attend Somerville Intermediate School as an International Student from _____ to _____ subject to the approval of the school prior to enrolment.

Student's Name (as shown on passport) _____

Student's Preferred Name _____

Print Designated Caregiver's name _____

Relationship to Student _____

Address _____

Phone: _____ Mobile: _____

My Child will be:

	Living in New Zealand with a "Designated Caregiver" <i>(A relative or close friend acting as the caregiver and providing accommodation for the student)</i>
	Living in New Zealand in a "Homestay" <i>(A person providing homestay accommodation)</i>

<u>Nominated Agent for my child while in New Zealand (if applicable)</u>	
Name of Agent:	
Address of Agent:	
Telephone Number:	
<u>Nominated 'Caregiver' arranged by Parent</u>	
Name of Caregiver Family:	
Relationship to child: (aunty, friend, Homestay Mum etc.)	
Address:	
Telephone Number:	

I/We understand that the Education Provider will:

- Visit the home of the designated caregiver prior to enrolment to determine that the living conditions are of an acceptable standard.
- Assess whether the designated caregiver/homestay will provide a safe physical and emotional environment for the student.
- Determine that the accommodation is not a boarding establishment (i.e. does not have 5 or more International Students staying in the home.)
- If the accommodation designated by the parents is a boarding establishment, the school will follow the provisions relating to boarding establishments as set out in the Code of Practice.
- Meet with the designated caregiver/s and establish communication with the caregiver.
- Meet the student at least quarterly to ensure the accommodation is suitable.
- May require a Police vet to be undertaken, if the Education Provider considers it appropriate.

Should the arrangement change, I/we undertake to inform the Education Provider immediately. Further, I/we understand that should the Education Provider have any concerns regarding the welfare of my/our child, they may refer him/her to the relevant welfare authorisers, or any other appropriate agency in New Zealand.

I/We understand that the Education Provider will make every endeavour to ensure the safety and welfare of my/our child while studying in their school.

The School has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Minister of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website at: <http://www.minedu.govt.nz>

Must be signed by Parent only	Contact telephone in Home Country
Print Signature of Parent	Contact address in Home Country
Date:	Email: