

# Indemnity Document for Students living with a Designated Caregiver

I/We designate \_\_\_\_\_ (*Insert Name of Designated Caregiver*) to provide accommodation for my/our son/daughter, to attend Howick Intermediate School as an international student from \_\_\_\_\_ to \_\_\_\_\_, subject to the approval of the Education Provider prior to enrolment.

Student's name (as it appears on the passport) \_\_\_\_\_

Student's preferred name: \_\_\_\_\_

Designated caregiver's name \_\_\_\_\_

Designated caregiver's New Zealand immigration status \_\_\_\_\_

D/C passport details \_\_\_\_\_

Relationship to Student

\_\_\_\_\_ -

(Uncle/Aunt/Grandparent/close family friend)

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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 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
- Require a Police vet to be undertaken.

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

I/we understand that Howick Intermediate School will make every endeavour to ensure the safety and welfare of my/our child while studying in their school.

**DECLARATION:**

I/we confirm that the person/s nominated as the designated caregiver/s is/are a 'bona fide' relative or close family friend.

*(Proof of this relationship may be required)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Must be signed by student's Father, Mother or Legal Guardian only)*

Print Name: Mr/Mrs .....

Contact Telephone number in Home Country: .....

Contact address in Home Country: .....

.....

Email Address: .....

*(Name of Education Provider)* 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/goto/international>