



Designated Caregiver (Relative or Family Friend) Agreement

(This form should be filled in only if the student will live with a relative or close family friend)

PARENT'S SECTION:

I acknowledge that I have decided to place my child in the care of the caregiver named below who has been appointed by myself, in order for my child to attend Edgewater College as an International Fee Paying Student. Accordingly, I take full responsibility and accept the decisions made by my designated caregiver about the day to day requirements of my child. I understand that this caregiver must be approved by Edgewater College prior to the student starting school.

Should this arrangement change, I undertake to inform Edgewater College immediately.

I confirm that the person/s selected as the designated caregiver/s is/are a genuine relative or close family friend.

Parent's Name:

Signed: { Parent } Date:

DESIGNATED CAREGIVER'S SECTION:

I am willing to be responsible for (Name of student) for the length of time that he/she is a student at Edgewater College. I undertake to be responsible for his/her attendance while at school, to ensure that the school is informed of any absence from school, to make any special requests on his/her behalf and to be generally responsible for him/her as a student of the school, including during school holidays.

I agree to notify the Director of International Students immediately if the student is admitted to hospital or involved in a medical emergency, or leaves my care for whatever reason.

I agree with the parent that the student will neither own nor drive a car while a student at Edgewater College. I agree that I (and my family members 18 years of age and over) am willing to be police vetted by Edgewater College, and I agree that the results can be shown to the student's parents, if necessary. I understand that a representative of the school may visit my home once or twice a year.

I have read the Tuition Agreement and Application Declaration and agree to accept the terms set out in both documents.

Designated Caregiver's Name (s):

Relationship to student:

Address:

Email Address:

Telephone: (Home) (Mobile):

Signed: { Caregiver } Date:

Witnessed by: Date:

The following application forms are provided in accordance with the Education Act 1989 and The Education (Pastoral Care of International Students) Code of Practice 2016. You can access the Education (Pastoral Care of International Students) Code of Practice 2016 at www.nzqa.govt.nz/studying-in-new-zealand/coming-to-study-in-new-zealand/international-student-care/. If the Education (Pastoral Care of International Students) Code of Practice 2016 is replaced or altered, by signing this form, you agree to comply with anything that is required by those changes, including signing an amended document.