

Havelock North Intermediate Indemnity Document for Designated Caregiver of International Students

I/We acknowledge that I/we have decided to place my/our child within the care of a caregiver vetted and monitored by myself/ourselves in order for them to attend Havelock North Intermediate School as an International/Foreign Fee Paying Student. Accordingly I/we take full responsibility and accept the decisions made by my/our designated caregiver about the homestay placement and the day to day requirements of my/our child.

He/She will attend Havelock North Intermediate School for terms,

from to

Full name as it appears on passport

Preferred name in New Zealand:

I/We have placed my/our child in the care of their caregiver:

Full name of caregiver:

Known address and contact numbers are:

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.....
.....

Home Phone Work Phone Mobile Phone

New Zealand Immigration Status

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

I/We take full responsibility for placing my/our child with the designated caregiver named above and I/we understand that Havelock North Intermediate School is not responsible for my/our child outside of normal school hours and activities. I/We do however understand that Havelock North Intermediate School will make every endeavour to provide for the care and welfare of my/our child at all times while studying in their school.

Havelock North Intermediate 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 this *Code* are available on request from this institution or from the New Zealand Ministry of Education website at <http://www.minedu.govt.nz>.

Parents' signatures

Signed

Date

Printed Name

Witnessed (preferable by a representative of the school)

Signed Designation

Date

Printed Name