Form ENR04 v3

U18 INTERNATIONAL STUDENT PARENTAL CONSENT OF DESIGNATED CAREGIVER



I/we designate the below-named Designated Caregiver to provide accommodation for my/our child to attend AEI as an International Student, subject to the approval of AEI.

1.0 Student De	tails			
Family name: (asshown on passport)				Given name/s:
Date of birth:	DD	MM	YYYY	Preferred Given Name:
2.0 Designated	Caregiver Det	ails		
Family name:				Given name/s:
(asshown on passport)				
Caregiver's Occup	oation:			
Relationship betw	ween Parents an	d Designated Careg	giver: (eg. Relative, clos	e family friend)
How long have yo	ou known the Do	esignated Caregiver	r?	
Caregiver's Addı	ress / Contact d	letails		
Number and stre	et:			
Suburb				Town/City
Postcode:				Email: @
Home Telephone: Country Area Local number				Mobile:
3.0 Declaration	l e			
 standard Assess whe Determine Meet with Meet the s Require a N 	ome of the Design that the accom the Designated tudent at least of NZ Police vet to	ated Caregiver will modation is not a b Caregiver/s and est quarterly to ensure be undertaken	provide a safe physical poarding establishment tablish communication the accommodation is	
the welfare of my/	our child while:		hool they will advise m	Further, I/we understand that should AEI have any concerns regarding e/us immediately or, if necessary, refer the matter to the relevant child
I/we confirm that may be required).	the person/s nor	ninated as the desi	gnated caregiver's is/ar	re a 'bona fide' relative or close family friend. (Proof of this relationship
Signature of Pare	ent		Date	

Alpha Educational Institute has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students 2016 published by the Minister of Education. Copies of the Code are available on request from this Institution or from the New Zealand Qualifications Authority website at: http://www.nzqa.govt.nz/providers-partners/caring-for-international-students/