



**STATEMENT OF DESIGNATED CAREGIVER ARRANGEMENTS**

**I/We acknowledge that I/We have decided to place my/our daughter within the care of a caregiver vetted and monitored by myself/ourselves in order for her to attend Wellington Girls' College as an International Fee Paying Student. Accordingly I/We take full responsibility and accept the decisions made by my/our designated caregiver about the homestay placement and day to day requirements of my/our daughter.**

**She has been offered a place at Wellington Girls' College from \_\_\_\_\_ to \_\_\_\_\_**

\_\_\_\_\_  
(full name of student as appears it on her passport).

\_\_\_\_\_  
(preferred name in New Zealand).

**I/We have placed my/our daughter in the care of**

\_\_\_\_\_  
(full name of caregiver).

**Known address and contact numbers are:** \_\_\_\_\_

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

**New Zealand Immigration Status:** \_\_\_\_\_

**Should this arrangement change I/We undertake to inform Wellington Girls' College immediately. Further, I/We understand that should Wellington Girls' College have any concerns regarding the welfare of my/our daughter 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 daughter with the designated caregiver named above and I/We understand that Wellington Girls' College is not responsible for my/our daughter outside of normal school hours and activities. I/We do however understand that Wellington Girls' College will make every endeavour to provide for the care and welfare of my/our daughter at all times while studying in their school.**

**Wellington Girls' College 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>**

\_\_\_\_\_  
Signature of Parent/s

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND RETURN THIS ORIGINAL COPY TO THE SCHOOL**