



**Indemnity Document for Students living with a Designated Caregiver.**

I/We select \_\_\_\_\_ (Name of Designated Caregiver) to provide accommodation for my/our son/daughter, to attend Botany Downs Secondary College as an international student from \_\_\_\_\_ to \_\_\_\_\_, subject to the approval of the School prior to enrolment.

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

Student's preferred name: .....

Print Designated caregiver's name: .....

Relationship to Student .....  
(Uncle/Aunt/Grandparent/close friend)

Address: .....

.....

Phone.....Mobile: .....

I/we understand that the school 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 selected 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
- May require a Police vet to be undertaken, if the school considers it appropriate

Should this arrangement change I/we undertake to inform Botany Downs Secondary College immediately. Further, I/we understand that should Botany Downs Secondary College 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 Botany Downs Secondary College 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 selected as the designated caregiver/s is/are a 'bona fide' relative or close family friend.

**Signed:** ..... **Date:** .....  
(Must be signed by student's Father, Mother only)

Print Name: Mr/Mrs.....

Contact Phone in Home Country: .....

Contact address in Home Country: .....

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Email Address: .....

Botany Downs Secondary 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/goto/international>*

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