

# INDEMNITY DOCUMENT

Filled by Parents of International Students aged under 18  
for Living with a Designated Guardian

2018

**EDENZ**<sup>NEW</sup>  
colleges ZEALAND

I/we as the undersigned parents of the student detailed below designate [ ] to provide accommodation for my/our son/daughter, to attend EDENZ Colleges as an international student from [ ] [ ] [ ] to [ ] [ ] [ ] , subject to the approval of the Education Provider prior to enrolment.

**Student's Name** (as it appears on the passport) [ ]

**Preferred Given Name** [ ]

Students aged under 18 do not have to have a Legal Guardian whilst studying in New Zealand. If a student or parent wants to have a guardian (support person), the Education Provider and the student must note that the nominated guardian has NO legal authority to make decisions for the student. All agreements/decisions for the student will be made by the Education Provider in agreement with the students parents and must be signed by the parent/s only.

## A Living with a Nominated Guardian

**Print Designated Guardian's Name** [ ]

**Relationship to Student** [ ]

**Address** [ ]

(Uncle/Aunt/Grandparent/close family friend)

**Phone** [ ]

**Mobile Phone Number** [ ]

Postal/Zip Code

Country Code | Area Code | Number

## B Designate EDENZ Colleges as Guardian

I/we understand that Edenz Colleges will:

- Visit the accommodation arranged by EDENZ prior to enrolment to determine if the living conditions are of an acceptable standard
- Assess whether the host of the accommodation will provide a safe physical and emotional environment for my/our son/daughter
- Maintain communication with the parent/s by providing feedback on their child's progress through academic reports and results
- Meet my/our son/daughter at least quarterly to ensure that the accommodation is still suitable
- May require a Police vet to be undertaken, if EDENZ considers it appropriate

Should this arrangement change, I/we undertake to inform EDENZ Colleges immediately. Further, I/we understand that should EDENZ Colleges have any concerns regarding the welfare of my/our child, they may refer him/her to the relevant welfare authorities, or any other appropriate agency in New Zealand.

I/we understand that EDENZ Colleges will make every endeavour to ensure the safety and welfare of my/our son/daughter while studying in their school.

## DECLARATION

A  I/we confirm that the person/s nominated as the designated caregiver/s is/are a 'bona fide' relative or close family friend. (Proof of this relationship may be required)

B  I authorise EDENZ Colleges as the Designated Guardian for my child

**Print Name: Mr/Mrs** [ ]

**Phone**

(in home country) [ ]

**Email** [ ]

**Address** [ ]

Postal/Zip Code

**Legal Guardian's Signature** [ ]

**Date** [ ] [ ] [ ]

Day

Month

Year

EDENZ Colleges 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>