GUARDIANSHIP FORM

ACCOMMODATION ARRANGEMENTS FOR STUDENTS UNDER 18 YEARS OF AGE

If you are under 18 years of age, your parent must read and sign the appropriate section below.

1) Please complete this section if you have made appropriate guardianship arrangements in South Australia.

GUARDIAN'S DETAILS:

Family Name:                                                  Given Names:

Date of Birth:      /      /19                        Address:                          Postcode:

Relationship:                                    Email address:                      

Phone No: (home) (work) (mobile)

I, (insert name)…………………………………...,

give permission for the above mentioned person to act as a legal

guardian for my dependent son/daughter who is under

18 years, during their stay in Australia. I am satisfied with the

arrangements made for the accommodation, care and support of my dependent child.

SIGNATURE OF PARENT

………………………………………………………………….

DATE:                  /                /

Day        Month        Year

2) If you wish the English College of Adelaide to act as your child’s legal guardian, please read and complete the following section. Please note that there is a guardianship fee.

As the legal guardian, the English College of Adelaide will:

• look after the student’s general welfare
• monitor academic progress
• provide academic, career and welfare counseling as required
• maintain regular contact with the host family
• exercise a supervisory role in consultation with the host family in the student’s extracurricular activities
• send a written report in English, with information on academic progress and welfare matters, to the agent or directly to the student's parents every month.

I hereby accept that the English College of Adelaide will act as legal guardian for (insert name)

………………………………………………………………...

during his/her studies at the college

from………………………….to…………………………

(date) (date)

I accept that the English College of Adelaide will act as responsible guardian in the event of emergency medical treatment, including surgery, being required, without personal liability. I agree that the sending and receiving organizations, their staff and any members of the host family will not be liable in respect to any action, claim or demand arising out of my son's/daughter’s enrolment in the English College of Adelaide.

SIGNATURE OF PARENT

………………………………………………………………….

DATE:                  /                /

Day        Month        Year