



■ Guardian's Acceptance and Declaration

I understand the responsibilities and expectations set for this guardianship role, and accept the above responsibilities as a guardian for the student named below. I understand that the guardianship of the student is subject to the approval of the College and the Hostel when considering the student's application. The College and the Hostel may require a police vetting of the guardian to determine the eligibility of the guardianship.

Name of Student: Date of Birth:

Name of Guardian: Date of Birth:

Address in Auckland:

Contact Number of Guardian:

NZ Mobile Number of Guardian:

Signature of Guardian: Date: