



INTERNATIONAL PUBLIC SCHOOL STUDENT

> LOCAL CARER DECLARATION FORM

This form should be completed by students under the age of 18 NOT requiring homestay, or a confirmation of approved appropriate welfare letter (CAAW).

STUDENT DETAILS

Please print the student's name as it appears in their passport. All fields requiring date/s to be filled in DD/MM/YY format unless specified.

Title (Mrs, Miss, Ms, Mr etc): Date of birth:

Family name: Given name(s):

BLOOD RELATIVE DETAILS

Please enter the details of blood relative provided to Department of Home Affairs to care for student until they reach 18 years of age.

Name(s):

Number + Street: Suburb/City:

Province/State: Country: Postcode/Zip code:

Telephone (country code/area code/number): Mobile:

Email address: Relationship to student:

DECLARATION

I/We declare the above information to be true.

Mother's name: Mother's signature:

Mother's email address: Date:

Father's name: Father's signature:

Father's email address: Date: