



Designated Care

This document is the Agreement for Designated Care. It is to be signed where a Parent wishes their son/daughter to live with a close relative.

I wish my son/daughter (full name):

to live with:

Family Name:

Given Name:

Address:

.....

Phone: (Home) (Work)

Fax:

email:

Exact relationship to student (e.g. mother's sister):

I understand that Katikati College must approve and monitor this placement to ensure the welfare of my child.

I undertake that my child will not leave this accommodation unless it is to enter a living arrangement approved by Katikati College.

I take full responsibility for the placement of my child in this accommodation and full responsibility for the on-going welfare of my child in this home.

Signed:

Mother:

Father:

Date: