

Designated Caregivers Indemnity Form

For international students under 18 years old
ETC Learning Centre

Name of student _____

Name of designated caregiver _____

Address of designated caregiver _____

Phone _____

Email _____

Name of parent or legal guardian _____

Address _____

Phone _____

Email _____

I acknowledge that I am the parent or legal guardian of the above named student. As the parent or legal guardian of the above named student I take full responsibility for the placement of my child with the designated caregiver.

Signature Parent / Legal Guardian. _____

Date _____

Please Note: This completed form may be faxed to ETC. Before a student can be officially enrolled please send a signed original by post too. ETC, Box 995, Palmerston North, New Zealand.