



# 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: .....

Please provide the address where student will be living if known.

Number + Street

Suburb/City

### DECLARATION

I/We declare the above information to be true.

Mother's name ..... Mother's signature

Mother's email address ..... Date

Mother's name on passport

Passport number ..... Expiry

Father's name ..... Father's signature

Father's email address ..... Date

Father's name on passport

Passport number ..... Expiry