APPLICATION FOR HOMESTAY ACCOMMODATION

ST	STUDENT DETAILS	
Fa	mily Name:	Given Name:
Da	ate of Birth:	Male/Female:
Ac		
 Ph	none:	Email:
Na	ationality:	
C	ONTRACT:	
To	be signed by parent/caregiver of student under 2	21 years of age, or by the student if over 21.
In	n return for Dargaville High School finding and supervising a homestay for	
 I guarantee the good behaviour of the student in New Zealand. I understand that unacceptable behaviour on the part of the student in the homestay family may lead to the termination of the student's enrolment at Dargaville High School. 		
2.		homestay placement fee to Dargaville High School stay family to cover board payments (costs to be ion.
3.	I understand that the student may not make any homestay premises unless the charges are rever reimburse the homestay for any costs.	y national or international telephone calls from the rsed. If any such calls are made I guarantee to
4. I undertake that the student will not leave the homestay for another permanent address without the knowledge of the International Students Dean, and if the student is under 21 years of age, the permission of the International Students Dean.		
5.	I undertake that the student will give at least tv	vo weeks' notice before leaving the homestay.
6. I understand that in the event of the student not coming to New Zealand, Dargaville High School will retain the homestay placement fee (amount to be advised). The pastoral care fee and advance board payments will be repaid in full, although if there is less than one week's notice given, the school may deduct a sum to compensate the homestay for the inconvenience experienced or expenses incurred in anticipation of the student's arrival.		
a.	1	Date
	gned:	Date:
,	arent/Guardian)	
A		
	elephone:	Email:
16	Λορποπο	L/1114111