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CONFIRMATION OF ARRANGEMENTS FOR THE TRANSFER OF CARE OF A STUDENT UNDER 18

Group Details

Group Name:

Agent Name:

Phone:

Email:

School Details:

School Name: *Fairfield Intermediate School*

Transfer of Care during enrolment

Please provide the following information to confirm the Transfer of Care arrangements for this student:

Name of School/Group:

Name of Agent:

New Zealand address:

Contact phone number:

Email:

Date of transfer of care from caregiver 1 to caregiver 2:

Date of transfer of care from caregiver 2 to caregiver 1:

Reason for transfer of care:

Transfer of care at the end of enrolment:

Enrolment End Date:

Homestay placement End Date:

Please provide the following information to confirm the Transfer of Care arrangements for this student at the end of enrolment:

1. The student will depart from New Zealand on:

Date of departure:

Airline and flight number:

IMPORTANT NOTE:

If the date of departure is after the end date of the homestay placement for this student, the following arrangements have been made for the students' care from the end date of the homestay placement to the date of departure from New Zealand:

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OR

2. The student will remain in New Zealand under the care of:

Name:	Relationship to student:
New Zealand Address:	
Contact phone number:	Email:

OR

3. Other arrangements have been made.

The following arrangements have been made for the Transfer of care of the student:

EOTC care arrangements

Date:
Activity:
Times:
Care provider: <input type="checkbox"/> Fairfield Intermediate School <input type="checkbox"/> Other provider: _____
RAMS completed by: <input type="checkbox"/> Fairfield Intermediate School <input type="checkbox"/> Other provider: _____

EOTC care arrangements

Date:
Activity:
Times:
Care provider: <input type="checkbox"/> Fairfield Intermediate School <input type="checkbox"/> Other provider: _____
RAMS completed by: <input type="checkbox"/> Fairfield Intermediate School

☐ Other provider: _____

EOTC care arrangements

Date:

Activity:

Times:

Care provider:

☐ Fairfield Intermediate School

☐ Other provider: _____

RAMS completed by:

☐ Fairfield Intermediate School

☐ Other provider: _____

Confirmation

I/We confirm that the information provided above is true and correct and that all arrangements have been made for the safe Transfer of the student. I/We agree to notify the school if the arrangements stated in this confirmation change at any time prior to the Transfer of Care.

School

Name:

Signature

Date:

Designation

Name:

Signature

Date: