

INTERNATIONAL STUDENT REQUEST TO VARY WELFARE ARRANGEMENT FORM

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate.

This form should be completed and signed by a parent when a student that is under the age of 18 seeks approval to:

- 1) Temporary stay (out of homestay) with parents or family friends (complete section 1)
- 2) Holiday travel with homestay family or family friends (complete section 2)
- 3) Permanently vary their accommodation and/or welfare arrangements

Please note that the term 'guardian' refers to an adult legally appointed where no parent exists.

STUDENT DETAILS

Student code:		Title:	
Family name:		Given names:	
Date of birth: (dd/mm/yyyy) 05/01/2001	Age:	Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/> (Please tick)	
Home address:			
City:		State/Province:	
Country:		Postcode:	
Home telephone number: (Inc country code)		Mobile telephone number: (Inc country code)	
Email:			

TEMPORARY STAY (OUT OF HOMESTAY) WITH PARENTS OR FAMILY FRIENDS

Name of responsible adult carer:		Title:	
Family Name:		Given name:	
Home address:			
City:		City:	
Country:		Country:	
Home telephone number: (Inc country code)		Home telephone number: (Inc country code)	
Email:			
Date child will leave homestay: (dd/mm/yyyy)			
Date child will return to homestay: (dd/mm/yyyy)			

HOLIDAY TRAVEL WITH HOMESTAY FAMILY OR FRIENDS

Name of responsible adult carer:		Title:	
Family Name:		Given name:	
Home address:			
City:		City:	
Country:		Country:	
Home telephone number: (Inc country code)		Home telephone number: (Inc country code)	
Email:			
Date child will leave homestay: (dd/mm/yyyy)			
Date child will return to homestay: (dd/mm/yyyy)			

PERMANENTLY VARY WELFARE/ACCOMMODATION ARRANGEMENTS

Details of Variation (Please tick one)

- Change of Home stay request

Reason for change

Moving to a Department of Home Affairs approved Guardian (Please attach evidence of immigration approval)

Guardian details	Title: Mr
Family name: Liu	Given names: Tao
Home address:	
City:	State/Province:
Country:	Postcode:
Home telephone number: (Inc country code)	Mobile telephone number: (Inc country code)
Email: 767857666@qq.com	

By Signing this approval I give permission for the above arrangements for my child

Parent/guardian name: _____

Signature: _____

Date: _____

Please return your completed form to your International Student Coordinator

OFFICE USE ONLY	
Approved by Principal:	Name
Sign	Date
Approved by ASC International Director	Name
Sign	Date
<input type="checkbox"/> Student records advised Date:	
COE Variations: <input type="checkbox"/> PSS <input type="checkbox"/> High School	
FINANCE	
<input type="checkbox"/> Accounts updated Date: Click or tap to enter a date.	
ADMISSIONS	
<input type="checkbox"/> Student record updated In MAZE Date: Click or tap to enter a date.	
COE Variations: <input type="checkbox"/> Language School <input type="checkbox"/> Mainstream	
STUDENT SUPPORT/WELFARE	
SharePoint file moved <input type="checkbox"/>	
Parents / Student / Agent advised of approval / change <input type="checkbox"/> Date: Click or tap to enter a date.	
Homestay Organisation advised <input type="checkbox"/> Date: Click or tap to enter a date.	