



## Indemnity Document – Living with Parents Form

This form is to be completed by the parents/legal guardians of a student who is under the age of 18 years and will be living with the parents while studying at a provider within the UP Education group.

### **Background**

The New Zealand Ministry Education's [The Education \(Pastoral Care of Tertiary and International learners\) Code of Practice 2021](#) (Code) requires that students under 18 years of age live in one of the following categories of accommodation while studying at an education provider:

- In a homestay organised by the UP Education's approved provider, Host Families New Zealand
- With a caregiver designated by your parents.
- With your parents, your parents must confirm that they will be living with you at least until you turn 18.

**Failure to meet these requirements may lead to the termination of a student's enrolment at UP Education.**

For more information, please visit: <https://www.nzqa.govt.nz/providers-partners/education-code-of-practice/>

I/We, \_\_\_\_\_ (parents name) as parents/guardian of \_\_\_\_\_  
(student's name and student ID number)

Will live with my/our son/daughter all the time during their study at UP Education. I/We understand that this arrangement is subject to the approval by UP Education - not only at the outset of the arrangement but their continued approval throughout the enrolment. I/We understand that we will be visited regularly until my son/daughter turns 18 years of age, to ensure the accommodation remains satisfactory. UP Education will remove my son/daughter to an approved Homestay family if

the Code requirements are not being met. I/We understand HFNZ will conduct Police vetting for any

people who is over 18 living in the same house with us or moving in during my son/daughter's enrolment. I/We understand that PV result may take time, I/We will take full responsibility for student's safety during this time.

I/We take full responsibility for this arrange and the day-to-day care of our son/daughter for the duration of their enrolment.

I/We undertake to inform UP Education immediately if this arrangement changes.

**Address:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

By signing below, the Parent or Legal Guardian confirms that they have read, understood and agreed to be bounded by it in all respects.

**Signature(s) of Parent(s)/Guardian(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_