



KINGSWAY CHRISTIAN COLLEGE
INTERNATIONAL STUDENT (UNDER 18 YEARS OF AGE)
LOCAL CARER NOMINATION FORM

Public Interest Criterion 4012A

To enable visa processing to be completed without delays the family/student is required to provide the Australian Embassy and Kingsway Christian College with the details of the appointed Local Carer.

This form is to be completed by the parent/s/legal guardian/s for an underage international student living with a local carer while studying at the College.

I/We,.....

being the parent/s/legal guardian of the student

date of birth.....do hereby nominate as local carer/s to my/our child

Local Carer (1) Date of Birth:.....and

Local Carer (2):..... Date of Birth:

currently residing at the address where the student will be located.....

.....

Telephone: Home: Business:..... Fax:.....

Email: Mobile:

And while acting as local carer/s for my/our child you are charged with the responsibility of:

- o Maintaining Membership of the Parent Controlled Christian Education Association (Northern Suburbs) Inc.
- o Liaising regularly with me/us and with the Principal, or his delegate, on issues relating to the ongoing care and wellbeing of my/our child;
- o Liaising regularly with the Principal, or his delegate, on matters relating to my/our child meeting visa compliance responsibilities with regard to course requirements and attendance
- o Participating in the College activities and meetings, including attending parent/teacher interviews and parent meetings when required;
- o Ensuring my/our child regularly attends a Christian church worship service as part of the family;
- o Advising the College in the event of sickness and provide a medical certificate;

LOCAL CARER DECLARATION:

I/We, Local Carer (1) and Local Carer (2)

.....do hereby declare that I/We

am/are permanent resident/s of Perth, and I/we am/are willing to act as local carer/s for the abovenamed student

who will reside with me/us at my residential address above.

SIGNATURE OF MOTHER/Legal GuardianDated:..../...../.

SIGNATURE OF FATHER:.....Dated: / /

SIGNATURE OF LOCAL CARER(1):.....Dated: / /

SIGNATURE OF LOCAL CARER (2):Dated: / /