Appointing your Own Guardian

Guardians have a vital role in ensuring the care and well being of the student while they are away from the School. In essence, they assume the role of the parent and it is expected that they will provide the following services to the student:

- Regular weekly visits with the student (where the Guardian is not the Homestay parent)
- 24 Hour emergency contact
- Representation on behalf of the parents and the student in all matters relating to academic performance including parent teacher / student conferences and authorising attendance at co-curricular and extra curricular activities
- Assistance in moving to the Homestay accommodation (where the Guardian is not the Homestay parent)
- Transportation to and from the airport (if appropriate)
- Assistance with living away from home eg setting up bank accounts
- Health and medical guidance and transport to and from medical practitioners at times of illness. Where required, the Guardian is also required to provide authorisation for certain medical procedures
- Counselling services (in first language where necessary)
- Translation and assistance to parents in interpretation of school reports, fee payments and school procedures

All prospective Guardians must meet with the Director of Admissions. Unless the guardian is a current parent at the School, the following documentation is required either prior to or at the time of the interview:

- Passport / Visa
- Current Victorian Drivers Licence
- Completed Police Check or Working with Children Check form (enclosed)

Cricos Provider Number 00152F
Appointme of Guardianship

I/We........................................................................................................................................

Names of Parent(s)

of........................................................................................................................................

Address of Parent(s)

........................................................................................................................................

appoint...........................................................

Names of Guardian

of........................................................................................................................................

Address of Guardian

........................................................................................................................................

Telephone:............................................................................................................................

Working with Children Check Card No. ..................................................................................

in the role of guardianship for my / our daughter:

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Student's Name

I give the guardian the authority to act on my behalf concerning the welfare, discipline, and academic progress on my daughter who will be studying at Lauriston Girls' School.

I agree to inform Lauriston Girls' School immediately if there is a change of guardianship, and will submit full details of the new guardian.

Any change of guardianship must be approved by the Director of Admissions and a new guardian form completed.

Signed:

Father's signature..................................................................................................................

Mother's signature..................................................................................................................

Date: ....................................................../ ....................../ 20 ............

Cricos Provider Number 00152F
Guardian Acceptance

I/we the undersigned hereby declare that I/we have read and accept the conditions set out in the document and accept the responsibility of acting as the legal guardians of

.........................................................................................................................
(Student's name)

.........................................................................................................................
(Guardian Name) ........................................................................ (Signature) ........................................
(Date)

.........................................................................................................................
(Guardian Name) ........................................................................ (Signature) ........................................
(Date)

Cricos Provider Number 00152F