

**This form must be completed by parents or legal custodians for ALL students UNDER 18 YEARS of age at time of enrolment.**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please indicate your intentions with respect to long term accommodation arrangements on arrival in Perth:

- Living in Homestay  
Please see websites to find out more information and complete an application form with your selected provider:
- WA Homestay Network: <http://www.homestaynetwork.org/supervisors/page/86-WA-Homestay-Network-The-WAHN-Team>
  - PSA: <http://www.perthstudentaccommodation.com/>
- Living with parents or legal custodian  
 Living with relative who is over 21 years approved by parents\*  
 Living with a local carer nominated by parents to be approved by ECC\*\* (See note below)

\*Relative means a relative who is one of the following - brother, sister, step-parent, step-brother, step-sister, grandparent, aunt, uncle, niece, nephew, step-grandparent, step-aunt, step-uncle, step-niece or step-nephew.

\*\* Police Clearance required. Local Carer Duty Statement will be supplied by the College directly to Carer. Evidence that the Carer is 21 years of age (or over) is required.

**Relative's or Local Carer's details:**

Relationship to student or student's family: \_\_\_\_\_

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent's Details:**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent Approval**

I/We as parent/s or legal custodians approve of the above arrangements for accommodation for our son/daughter.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Student Agreement**

I agree to inform ECC if I have any intentions of changing my accommodation arrangements and I agree that I will not change my accommodation arrangements without the prior consent of ECC.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Office Use Only:**

Check completed by: \_\_\_\_\_

Police Clearance confirmed (if required)? Yes  No  N/A  Date: \_\_\_/\_\_\_/\_\_\_

Notes on Check:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_