



To: International Department Rangitoto College

Date: ___/___/

RANGITOTO COLLEGE PARENT RESPONSIBILITY WAIVER

Dear Director of International Students,

We/I the parent(s) of	 _ take f	full res	ponsik	oility of	f our cl	hild	
whilst they travel to _	 from _	_/_	_/_	to	_/_	_/	

The people my daughter/son will be travelling and staying with are:

Name:	
Address:	
Phone: (00)
Mobile: (00)
Email Address:	
What is their rel	ationship to your child (i.e. friend, relative):

By signing this document below you take full responsibility of your child whilst they are not staying in their Rangitoto College accommodation and take away any responsibility from Rangitoto College.

Signed (Father): ______

Signed (*Mother*): ______

Signed (Agent):______