

t.| +64 6 368 6159 f:| 06 367 9210

e:| office@horowhenua.school.nz

## HOROWHENUA COLLEGE TERMINATION OF RESPONSIBILITY FOR STUDENT

Name of Student	from 	
As the Parent I give notice that from the	//	
I release Horowhenua College and th contractual obligations on their part relat	e host family from any further legal, ing to the student's:	social or
<ul> <li>hosting</li> <li>Health and welfare</li> <li>air tickets</li> <li>Insurances</li> <li>visa and immigration requirements</li> </ul>	n person which had been part of the spons	orship of
the student.		
(signature) Parent One / Guardian (circle one)	(print name)	(date)
	(print name)	(4213)
. a. c ( Wo ) Guardian (encir one)		(date)