

LOCAL CARER UNDERTAKING STATUTORY DECLARATION

		The Evidence A	ct, 1906, Western Austr	alia
·	(Ch	nristian name or names ar	nd surname of Declarant	t in full)
		(ac	ddress)	
	(telephone)	(mobile)		(email address)
in th	ne State of Western Australia			
			upation)	
do s	olemnly and sincerely declare that:			
1.	I shall undertake to care for			("Student")
••	Total discretic to care for	(Student's fo	ull name)	(statem)
	ng such time as the student is stud ordance with the requirements outli		, 223 Vincent Street, W	/est Perth, Western Australia ("Academy") in
2.	I shall be responsible for the suppo	ort and general welfare of	the Student, and in pa	rticular:
(A)	Ensure the Student has appropriate accommodation			
(B)	Liaise with the Academy on matters of the Student's academic progress and welfare.			
(C)	Promote the Student's medical well-being, including the giving of authority for emergency medical treatment, as required			
(D)) Liaise with parents as required			
(E)) Assist with the Student's everyday living matters such as banking, shopping, and complying with government regulations			
(F)	Provide formal consent for Academy activities, as required.			
(G)				
(H)) Uphold this agreement until the Student is 18 years of age or another suitable arrangement is made.			
(1)				
(J)	Agree that any change to these arrangements required by me may only be made with the agreement of the Student's parents an the Academy			
And	I make this solemn declaration by v	irtue of section one hund	red and six of the Evide	ence Act, 1906.
Dec	lared at		_	
This	control day of	f	2016	
				Ordinary signature of applicant
Befo	ore me		_	
	cice of the Peace / Commissioner of	 Declarations		