

Report of Termination of Guardian/Host Family

Host Family Name: _____ Student Name: _____ Date: _____
Address: _____ D.O.B: ___/___/___ Auditor: _____

Problems or concerns about the accommodation or welfare of the students: (Describe in detail)

Action Taken: _____

Termination Date: ___/___/___ Guardian Host Family

Replacement Guardian / Homestay (if known):

Name: _____

Commencement Date: ___/___/___

Address: _____

Approved by: _____
Accommodation/Guardian Officer

Date: ___/___/___

Other comments if any: _____
