

UNDER 18 (U18) EMERGENCY CONTACT INFORMATION

Student Full Name (as shown on passport): _____ Student Date of Birth: _____

Student email address: _____

Please provide a contact person for emergencies and ongoing communication about the student's wellbeing, health, and academic progress while they are enrolled at Wintec. **This contact person must be the student's parent or legal guardian.**

Emergency Contact Person Full Name: _____

Address: _____

Relationship to student: ☐ Mother ☐ Father ☐ Legal Guardian

Does this person speak English? ☐ Yes ☐ No

If no, what language does this person speak? Please specify: _____

Contact methods - Please provide all details:

Parent Email address: _____ Telephone (Mobile): + _____

Telephone (Home): + _____ WhatsApp (if any): + _____

What is your preferred method of contact and communication?

☐ Email ☐ Telephone (Mobile) ☐ Telephone (Home) ☐ WhatsApp

☐ I/We agree to inform Wintec immediately should there be any changes to these contact numbers at U18international@wintec.ac.nz

Parent or Legal Guardian Signature _____ Date: _____

Student Signature _____ Date: _____

Important Reminder:

- **If a parent** signs the form, please submit the student's verified copy of Birth Certificate.

- **If a legal guardian** signs the form, please submit a legal guardianship confirmation document (from New Zealand Family Court or equivalent legal agency in the student's home country).