

**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: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Accommodation/Guardian Officer

Other comments if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_