Boarding - Local Guardianship
PERSONAL DETAILS
Male Female Guardian Name: Last Name:
Relationship Student:
Home Address:
City
State Zip
CONTACT DETAILS
Home Telephone: E-mail: E-mail: E-mail:
Phone Number:
Mr. & Mrs Parents/guardian Of
is in grade have authorised me to be the local guardian for the academic yearto
I/We will be responsible for any inquiry, special permission, field trips and medical welfare of the
student as well as the safety development ofI/We also undetal
responsibility accommodate him/her in case of any suspension form boarding.
Guardian Name Guardian Name
Guardian Name Guardian Name
Date:
and residence permit applicable.