



GUARDIANSHIP AUTHORIZATION FORM

Please fill in all blanks that apply (including phone numbers and email addresses) below, and have **LEGALLY NOTARIZED**:

We, _____ & _____, parent(s) of _____ (_____),
Print father's full legal name Print mother's full legal name Print minor's full legal name Date of Birth
give Limited Power of Attorney for Legal Guardianship of this child to _____ & _____ from
Full legal name(s) of Legal Guardian(s)
_____ until _____
Start Date End Date

Birth Parents' Permanent Address: _____

City: _____ Province/Territory: _____

Postal Code: _____ Country: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

We, the parents, have consulted with the Legal Guardian(s) and the Legal Guardian(s) agreed to serve as Legal Guardian(s) to make medical and educational decisions; they may access all of our child's medical and educational records. If at any time the Legal Guardian(s) is/are no longer able or willing to be the Legal Guardian(s), we agree to find new Legal Guardian(s), complete a new Guardianship Authorization Form, have the form notarized, and submit the form to Woodland Christian School immediately.

We understand that it is a requirement that all students at Woodland Christian School must reside with an adult. If the Legal Guardian(s) will be away from the student's residence for more than 24 hours (without taking the student), Woodland Christian School must be informed at least one full working day in advance and given the name and phone number(s) of a substitute care giver who has also been given power of attorney by the parents. I understand that I must notify the school office immediately if there is any change in ANY of the information listed above. **FAILURE TO COMPLY WITH ANY OF THE ABOVE-MENTIONED CONDITIONS MAY RESULT IN THE STUDENT'S EXPULSION AND TERMINATION OF THE I-20.**

Guardian is: **U.S. Citizen** **Permanent Resident (green card)**

U.S. Address: _____

City & Zip Code: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Host Family – if student lives away from Guardian, please complete:

Home Stay Name(s): _____

Address: _____

City & Zip Code: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

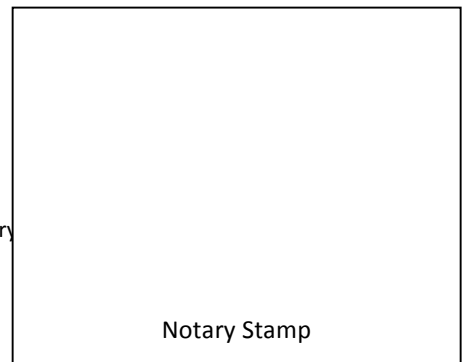
Email: _____ Email: _____

This must be signed by the student's PARENTS, in the presence of a LEGAL NOTARY:

_____ Date _____
Birth Parent Signature

_____ Date _____
Second Birth Parent Signature (if applicable)

_____ Date _____ Notary



Notary Stamp