



Guardian's Name

Address

Home Phone Number

Business Phone Number

Mobile Phone Number

E-Mail ID

Mr. & Mrs. _____ parent's of _____
who is in grade _____ has authorised me to be the local guardian for the academic year _____ to _____
I/We will be responsible for any enquiry, special permissions, any field trips and medical welfare of the scholar as well as
the safety and development of _____
I/We will also undertake responsibility to accommodate him/her in case of any suspension from Boarding.

Guardian's Name

Parents' Name

Signature

Signature

Date

Date

Please attach proof of ID i.e, relevant passport page or driving licence, and valid Indian visa and residence permit.

For Office Use Only

Date of receiving the form

Received by