

# GUARDIANSHIP DECLARATION

To: **Alpha Beacon Christian School**, 525 W. 42<sup>nd</sup> Avenue, San Mateo, CA 94403, (650)212-4222

We, (father) \_\_\_\_\_ and (mother) \_\_\_\_\_,  
assign \_\_\_\_\_ as guardian, to assume responsibility  
for our child \_\_\_\_\_ while studying in the United States of America at  
Alpha Beacon Christian School from (date) \_\_\_\_\_ to \_\_\_\_\_.

These responsibilities include signing all necessary reports and documents that would require a  
parents' signature; having access to confidential information regarding our child; authorizing medical  
care as needed, paying school fees, providing food, transportation and housing for our child.

**X** \_\_\_\_\_ **X** \_\_\_\_\_ \_\_\_\_\_  
Father's Signature Mother's Signature Date

## Parent Information (father): (Print clearly)

Name \_\_\_\_\_ Citizen of \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

## Parent Information (mother): (Print clearly)

Name \_\_\_\_\_ Citizen of \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

## Student Information: (Print clearly)

Name \_\_\_\_\_ Citizen of \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Guardian Information: (Print clearly)

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Residence Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax Phone \_\_\_\_\_

As guardian, I accept the responsibility for \_\_\_\_\_ as stated above.

**X** \_\_\_\_\_ \_\_\_\_\_  
Guardian's Signature Date