

GUARDIANSHIP DECLARATION

To Alpha Beacon Christian School (650)212-4222

We, (father) _____ and (mother) _____, declare we have placed our (son/daughter) _____ his/ her Date of Birth _____ with _____ as the guardian to assume responsibility for our child while he/she studies in the United States of America at Alpha Beacon Christian School. These responsibilities include signing all necessary reports and documents that would require a parent's signature; having access to confidential information regarding my child; authorizing medical care as needed; providing food, transportation and housing for our child.

X _____
Parent's Signatures _____ Date _____

Student Information: (Print clearly)

Name _____ Citizenship _____
Residence Address _____
Place of Birth _____ Passport No. _____

Parent Information: (Print clearly)

Father's Name _____ Mother's Name _____
Citizen of _____ Citizen of _____
Residence Address _____
Residence Phone Number _____ Business Phone Number _____
E-mail _____

Guardian Information: (Print clearly)

Name _____ Cell Number _____
Residence Address _____
Residence Phone Number _____ Work Number _____
E-mail _____ Fax Number _____
I accept the responsibility for _____ as stated above.

X _____
Guardian Signature _____ Date _____