

INSERT 9 GUARDIANSHIP INFORMATION FORM



STUDENT RESIDENCE LOCAL GUARDIANSHIP DECLARATION FORM



Name : _____

Address : _____

Phone Nos:

Home : _____ Business : _____

Mobile : _____ E-mail Id : _____

Mr./Mrs. _____ parents of _____
who is in grade _____ has authorized me to be the Local Guardian for the academic year
_____ to _____. I will be responsible for any enquiry, special permissions, any field trips
and medical welfare of the student as well as the safety and development of
_____. I will also undertake responsibility to accommodate him/
her in case of any suspension from the Boarding.

Name: _____

Signature: _____

Date : _____

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