

GUARDIAN INFORMATION FORM

(To be filled by Parent's and Guardian of Student in Boarding)



GUARDIAN'S NAME _____

ADDRESS _____

PHONE NOS. HOME: _____

BUSINESS: _____

MOBILE: _____

E-MAIL ID: _____

Mr./Mrs. _____ Parent(s) of _____

_____ who is in CLASS _____ 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 student as well as the safety and development of _____. I/We will also undertake responsibility to accommodate him in case he needs to leave School for any reason.

GUARDIAN'S NAME: _____

SIGNATURE: _____

DATE: _____

PARENT'S NAME _____

SIGNATURE: _____

DATE _____

Please attach proof of identification i.e., copy of Aadhaar Card/Passport.