

UK GUARDIAN FORM

Student Name:

Parent/Legal Guardian Name:

Relationship to Student: MOTHER FATHER LEGAL GUARDIAN

Section A – please tick (✓) one of the following:

I, the parent, will retain guardianship (only for English-speaking, UK residents) - *Go to Section C*

I, the parent, wish to appoint a UK Guardian - *Go to Section B*

Section B

I, the parent, hereby give consent for
[name of UK Guardian]

to act as Guardian for my son/daughter during their studies at International School of Creative Arts.

Relationship of UK Guardian to student:

Daytime Telephone 1: Evening Telephone 2:

Address:
.....

Town:

County: Postcode:

Email 1: Email 2:

Please tick (✓):

- I delegate to the Guardian the responsibility to act in place of parents when a parent cannot be contacted on a matter where there is no specified delegated responsibility and*
- I grant the Guardian access to the student's school reports.*

Now go to Section C

Section C

By signing this form, I, the parent, acknowledge that I have granted the School permission to contact the UK Guardian (as indicated above) in matters relating to the student's activities within the UK. Such matters include, but are not limited to, the School seeking agreement for weekend leave and day trips or simply facilitating communication with parents in matters concerning the wellbeing and academic progress of their child.

I understand that the appointment of a UK Guardian does not change my status as parent and/or legal guardian of my child.

Signature of Parent

Date: _____