

International Student Guardianship Permission/Agreement Form

Parent's Agreement

I (we), citizens of	, am (are) the legal parent(s) of
(Country)	
	, born, and do hereby give
(Student Name)	(Birthdate)
my (our) permission for him/her to tra	vel to the United States for education purposes;
namely, his/her enrollment in Abunda	nt Life Christian School, from the dates of
to	
While in the United States during this t	time period, I (we) allow the supervision of my
(our) child to be transferred to a temperature	orary guardian of my choice. I (we) do hereby
grant	temporary guardianship
(Guardian Name)	
without restriction from the dates	, unless so
rescinded in writing.	
I (we) authorize the designated tempo	rary guardian(s) to supervise my (our) child and
act on our behalf for the term of this g	uardianship agreement, including obtaining
medical attention and treatment for en	nergency, accident, or illness.
Signature of Father or Legal Guardian	Date
Signature of Mother or Legal Guardian	Date



Guardian 1 Signature

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Student's Agreement

I hereby agree with the temporary guardianship arrangements approved by my parent(s) and the school principal or his/her representative.

I agree to submit to the host family as guardians responsible for my care and supervision. I will respect them in the biblical parental role and will be obedient to all household rules. I will behave in accordance with a Christian lifestyle and attend church services regularly. I will communicate with my host family regarding school issues, including academic achievement and school discipline. I will support and encourage the communication of my host family with my parents at all times.

Signature of Student	ture of Student Date				
Legal Guardians' Agreement					
I/we accept the responsibilities supervision of	es of host family/gu (Student Name)		e for the o	care and . I/we will	
communicate with the school and school discipline.	·		demic acl	hievement	
Guardian 1 Name		Cell Phone		Home Phone	
Guardian 1 Employer	Work Phone	Primary Email			
Guardian 2 Name (if applicable)		Cell Phone		Home Phone	
Guardian 2 Employer	Work Phone	Primary Email			
Address	Ci	ity	State	Zip	

Guardian 2 Signature (if applicable)

Date