

## **International Student Guardianship Permission/Agreement Form**

## **Parent Agreement**

I (we), citizens of	, am (are) th	ne legal parent(s) of
(Country)		
	, born,	and do hereby give
(Student Name)	(Birthdate)	
my (our) permission for him/her to trav	vel to the United States for	education purposes;
namely, his/her enrollment in Abundai	nt Life Christian School,	from the dates of
to	·	
While in the United States during this ti child to be transferred to a temporary g		
	temporary g	,
(Guardian Name)		•
without restriction from the dates	to	, unless so
rescinded in writing.		
I (we) authorize the designated tempor	ary guardian(s) to supervis	se my (our) child and
act on our behalf for the term of this gu	uardianship agreement, inc	luding obtaining
medical attention and treatment for em	ergency, accident, or illnes	SS.
Signature of Father or Legal Guardian		Date
Signature of Mother or Legal Guardian		Date



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## **Student's Agreement**

Guardian 1 Signature

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.

		Date		
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Legal Guardians A	greement			
I/we accept the responsibilities	s of host family/guardians responsib	le for the ca	re and	
supervision of			I/we will	
	(Student Name)			
communicate with the school re	egarding school issues, including ac	ademic achie	evement	
and school discipline.				
Guardian 1 Name	Cell Phone	He	ome Phone	
Primary Email	Guardian 1 Employer	W	ork Phone	
Guardian 2 Name (if applicable)	Cell Phone	H	ome Phone	
Primary Email	Guardian 2 Employer	W	ork Phone	
Home Address	City	State	Zip	

Guardian 2 Signature (if applicable)

Date