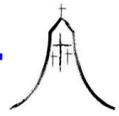

GUARDIAN AGREEMENT 2018-2019: INTERNATIONAL



Ascension Lutheran School
17910 S. Prairie Ave.
Torrance, CA 90504
310.371.3531 phone
310.214.4657 fax
info@ascensiontorrance.org

Instructions

- Parent selects an adult guardian, at least 25 years of age, who will agree to the Guardian Agreement.
- Parent completes his/her portion of the agreement and sends it to the guardian to be completed.
- Guardian completes the remainder of the agreement and returns it to Ascension Lutheran School (ALS).
- This guardian agreement must be received and approved by ALS before the student may attend school.

Guardian Agreement (when not living with parents)

As guardian of _____ (student name) while he/she is attending Ascension Lutheran School, I agree to the following:

1. I assume responsibility for this student during the school year and regularly scheduled vacations from school. This usually includes Thanksgiving, Christmas, winter and Easter vacation and during the summer. My responsibility includes, but is not limited to, providing transportation to and from campus and providing supervision of the above student during the vacation period.
2. I assume responsibility to Ascension Lutheran School for any financial obligations reasonably and necessarily incurred on behalf of the above student while he/she is a student at ALS.
3. I possess power of attorney and assume responsibility for making a decision medically and/or signing medical release papers if such an occasion arises. I will handle all insurance claims for the above student.
4. I assume the responsibility for the above student if a disciplinary action is required, i.e., suspension, expulsion, etc. I will also assume decision-making if any problems arise concerning the academic or social life of the student.

Guardian Printed Name: _____

Guardian Signature: _____

Guardian Information: Fluent in English: Yes No Other _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent

As parent of the above mentioned student, I hereby appoint the above person my attorney in fact for the purposes set forth above, while he/she is a student at ALS. I authorize the above person to take care of and assume responsibility for the above mentioned student as I would do if personally present. In the event the above mentioned guardian is unable to fulfill his/her duties, I will immediately secure the services of another individual to serve as guardian.

Printed Parent Name: _____

Parent Signature: _____