



# Guardianship Authorization Form

Arrow Montessori School of San Dimas

818 West Gladstone Street  
San Dimas, CA 91773

Directions: Parents, please fill in all blanks (including phone numbers and email addresses) below, and have this document **legally notarized**.

We, \_\_\_\_\_ & \_\_\_\_\_ parents of \_\_\_\_\_, born \_\_\_\_\_  
**Father's Full Legal Name      Mother's Full Legal Name      Minor's Full Legal Name      Date of Birth**  
 Give **Power of Attorney** for Legal Guardianship of this child to \_\_\_\_\_ who  
 we verify is either a U.S. Citizen or Permanent U.S. Resident (please circle one), and lives in the local area of the school.  
 We give full consent for the above designated person to make medical decisions for our child and to represent us in our  
 daughter's best interest during our absence, while our child is in the United States.

Parent's Foreign Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**It is required that all students under age 18 live with an adult at all times. If at any time the legal guardian, designated above, is out of the immediate area for more than 24 hours, the school office must be notified immediately with the name and phone numbers of a substitute caregiver who has also been given power of attorney by the parents. Notify the school office immediately if there is any change in any of this information. FAILURE TO COMPLY WITH ANY OF THESE CONDITIONS MAY RESULT IN THE STUDENT'S EXPULSION AND TERMINATION OF I-20.**

Guardian's Address: \_\_\_\_\_  
 City & Zip Code \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alt. Cell Phone \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Alt. Work Phone \_\_\_\_\_  
 Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

Host Family- if student will live away from Guardian, please complete:

Host Family Contact Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City & Zip Code \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alt. Cell Phone \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Alt. Work Phone \_\_\_\_\_  
 Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

This document **must be signed by the parents**, in the presence of a **LEGAL NOTARY**:

_____ Signature of Legal/Birth Father	_____ Printed Name	_____ Date Signed
_____ Signature of Legal/Birth Mother	_____ Printed Name	_____ Date Signed