

LOCAL GUARDIAN AUTHORIZATION FORM

Student's Name _____ Grade _____

IDNo. _____ Residence _____

I hereby authorize the person described hereunder to be the Local Guardian for my aforesaid ward who is studying at Pathways World School. I further authorize the School to maintain communication with the said person and also contact him/her in case of any emergency. I further authorize this person to meet my ward in/ outside the school and to also take him/her away during the exeats.

Name _____

Nationality _____

Relationship with the student/ parent _____

Office/ Workplace Address _____

Residence Address _____

Phone Off. _____ Resi. _____

Phone Mob _____ Fax _____ Email _____

Place _____ Parent's Signature _____

Date _____ Name in Capital _____

