



WALDORF SCHOOL OF GARDEN CITY GUARDIANSHIP APPOINTMENT

I, _____, residing at _____,
[Parent's Full Name] [Parent's Address]

as the custodial parent of _____ ("Student"), hereby appoint
[Student's Full Name]

_____ ("Guardian") as the legal guardian of Student
[U.S. Guardian's Full Name]

while enrolled at the Waldorf School of Garden City (the "School"). Guardian's Date of Birth is _____ and Guardian bears the following relationship to Student: _____ [e.g., Aunt, Brother, Family Friend, Host Family, etc.].

In case of any Student emergency, accident or illness, or if consent is needed for Student regarding any School trip, club or athletic event or team, or for any other reason, please contact Guardian for such consent at:

[New York State Residence Address]

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

I UNDERSTAND THAT THE SCHOOL HAS NO LEGAL RESPONSIBILITY FOR THE CARE OR WELL BEING OF STUDENT WHEREVER STUDENT CHOOSES TO LIVE WHILE IN THE UNITED STATES ATTENDING THE SCHOOL. I ALSO UNDERSTAND THAT THE SCHOOL HAS NO RELATIONSHIP WITH ANY HOMESTAY COMPANY OR HOST FAMILY AND ASSUMES NO RESPONSIBILITY FOR THE ACTIONS OF ANY HOMESTAY COMPANY OR HOST FAMILY.

[Parent's Signature] Date: _____

[Guardian's Signature] Date: _____

THE ABOVE SIGNATURE(S) SHOULD BE NOTARIZED. PLEASE ATTACH A COMPLETED NOTARIZATION CERTIFICATE APPLICABLE TO YOUR PLACE OF RESIDENCE.