

Guardianship Affidavit Form for School

Guardian Information:

- Full Name: _____
- Relationship to the Child: _____
- Contact Number: _____
- Email Address: _____
- Address: _____

Child Information:

- Full Name: _____
- Date of Birth: _____
- School Name: _____
- Grade/Class: _____

Purpose of Guardianship:

- Academic Enrollment
- Access to School Records
- Consent for Field Trips
- Other (Specify): _____

Details of Guardianship:

Start Date: _____

End Date: _____

Parental Consent:

I, [Parent's Name], authorize [Guardian's Name] to act as the legal guardian for my child, [Child's Name], for school-related matters.

Signature of Parent: _____ **Date:** _____

Signature of Guardian: _____ **Date:** _____

Notary Public Seal: _____