WOODLAND CHRISTIAN
EST. 1974

ELEMENTARY CAMPUS
1616 West Street • Woodland CA 95695
Phone 530.666.6615 • Fax 530.666.3470

MIDDLE & HIGH SCHOOL CAMPUS
1787 Matmor Road • Woodland CA 95776
Phone 530.406.8800 • Fax 530.406.0900

www.woodlandchristian.org

GUARDIANSHIP AUTHORIZATION FORM

Please fill in all blanks (including phone numbers and email addresses) below, and have **LEGALLY NOTARIZED**:

We, _____ & _____,
Print Father's Full Legal Name — Print Mother's Full Legal Name

parents of _____, _____ give Limited Power of Attorney for
Print Minor's Full Legal Name — Birth Date

Legal Guardianship of this child to _____ & _____.
Legal Guardian(s)'s Full Legal Name — Legal Guardian(s)'s Full Legal Name(s)

Parent's Foreign Address	
City:	Province Territory:
Postal Code:	Country:
Fathers Phone:	Mothers Phone:
Fathers Email:	Mothers Email:

We, the parents, have consulted with this person(s) and they have agreed to serve as Legal Guardian. **If at any time this person(s) is no longer able or willing to be the Legal Guardian, we agree to find new a Legal Guardian and complete a new Guardianship Authorization Form, have it notarized and submitted to Woodland Christian School immediately.**

We understand that: **it is a requirement that all students at Woodland Christian School must live with an adult at all times**. If at any time the legal guardian, designated above, is out of the immediate area more than 24 hours, the school office must be notified immediately with the name and numbers of a substitute care giver who has also been given power of attorney by the parents. I understand that I must notify the school office immediately if there is any change in ANY of this information.

FAILURE TO COMPLY WITH ANY OF THE ABOVE MENTIONED CONDITIONS MAY RESULT IN STUDENT'S EXPULSION AND TERMINATION OF I-20.

Guardian is: ☐ **U.S. Citizen** ☐ **Permanent Resident (green card)**

Male Guardian:	Female Guardian:
California Address:	California Address:
City: State Zip	City: State Zip
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:

Host Family – *if student lives away from Guardian, please complete*:

Home Stay Male Guardian:	Home Stay Female Guardian:
California Address:	California Address:
City: State Zip	City: State Zip
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:

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

Birth Parent Signature: _____ Date _____

Notary Signature_____ Date _____

Notary Stamp