

**GUARDIAN INFORMATION FORM**  
(To be filled by Parent's and Guardian of Student)



GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NOS. HOME: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

MOBILE: \_\_\_\_\_

E-MAIL ID: \_\_\_\_\_

Mr./Mrs. \_\_\_\_\_ Parent(s) of \_\_\_\_\_

\_\_\_\_\_ who is in CLASS \_\_\_\_\_ has authorised me to be the local guardian for the academic year \_\_\_\_\_ to \_\_\_\_\_. I/We will be responsible for any enquiry, special permissions, any field trips and medical welfare of the student as well as the safety and development of \_\_\_\_\_.

GUARDIAN'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

Please attach proof of identification i.e., copy of Aadhaar Card/Passport.