

## GUARDIANSHIP FORM

### 01. STUDENT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### 02. PARENTS

NATURAL PARENT 1/ GUARDIAN'S NAME: \_\_\_\_\_  
NATURAL PARENT 2/ GUARDIAN'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_ parents of the student \_\_\_\_\_ do herein grant guardianship to ExchangeMate, its local coordinators, representatives, and the host family assigned to our child for the entire duration of the program. We give permission to ExchangeMate, its local coordinators and representatives, and the host family to receive any school documents and to handle any communication with our child's school/school district on our behalf. We also authorize the organization to act on our child's best interest, and to move our child to another host family at any time during the program, without the need of additional paperwork to be signed.

We grant permission to our child's host parents to enroll our child in school, sports, special events, places of recreation and amusement, and/or similar activities, and to sign any forms related to the participation in such activities on our behalf.

#### NATURAL PARENT/GUARDIAN 1:

Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### NATURAL PARENT/GUARDIAN 2:

Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

AGENT/NOTARY SEAL

