



Appointment of Guardianship

By signing this form, you are agreeing for the host family parent(s) to act as guardians for your student.

The host family of (names) _____ will act as the guardians for student (name) _____ during his/her study at Furtah Preparatory School.

As the natural parents, we agree to allow the family named above and/or Furtah Preparatory School:

- to secure any necessary medical attention for our student named above
- to obtain immunizations for our student which are required by Georgia law
- to provide proof of medical insurance for our student during his/her stay in the United States

In addition, we agree to allow the guardians/host family to contact Furtah Preparatory School to discuss any issues that may arise with our child.

Natural Parent Family Details

	FATHER	MOTHER
Full Name		
Address		
Home Phone		
Mobile or Work Phone		
Email		

I/we understand and agree that the Host Family named above will be appointed guardian of son/daughter and will be responsible for the general welfare, support and accommodation of my child (named above) while he/she remains at Furtah Preparatory School.

We agree to abide by the policies of Furtah Preparatory School and pay the necessary medical expenses related to our student.

_____ Signature of Father & Date _____

_____ Signature of Mother & Date _____