



**Guardian Agreement  
International Students Only**

1. The parent is to select an adult guardian, at least 30 years of age, who lives in the Sacramento/Elk Grove area, who will agree to the Guardian Agreement
2. The parent is to fill in his/her portion of the agreement and send it to the guardian for the guardian to complete.
3. The guardian is to complete the remainder of the agreement and return it to Lutheran High School (LHS).
4. This guardian agreement must be received and approved by LHS before the student may attend school.

As guardian of \_\_\_\_\_ while he/she is attending LHS, I agree to the following:

1. I assume responsibility for this student during the school year and regularly scheduled vacations from school. This usually includes Thanksgiving, Christmas, winter and Easter vacation and during the summer. My responsibility includes, but is not limited to, providing transportation to and from campus and providing supervision of the above student during the vacation period.
2. I possess power of attorney and assume responsibility for making a decision medically and/or signing medical release papers if such an occasion arises. I will handle all insurance claims for the above student.
3. I assume responsibility for the above student if a disciplinary action is required, i.e., suspension, expulsion, etc. I will also assume decision making if any problems arise concerning the academic or social life of the student.

Guardian Printed Name \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Fluent in English \_\_\_ Yes \_\_\_ No Other \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

As the parent of the above-mentioned student, I hereby appoint the above person my attorney in fact for the purposes set forth above, while he/she is a student at LHS, and I authorize the above person to take care of and assume responsibility for the above-mentioned student as I would do if personally present. In the event the above-mentioned guardian is unable to fulfill his/her duties, I will immediately secure the services of another individual to serve as guardian. I assume responsibility to LHS for any financial obligations reasonably and necessarily incurred on behalf of the above student while he/she is a student at LHS.

Printed Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_