

Father's Details

Title		First Name		Surname	
Email Address					
Postal Address					
Home telephone number (Inc. international code)			Mobile telephone number (Inc. international code)		

Mother's Details

Title		First Name		Surname	
Email Address					
Postal Address					
Home telephone number (inc. international code)			Mobile telephone number (inc. international code)		

Emergency Contact

First contact in an emergency Mother Father Both

Child's Details

Gender	<input type="radio"/> Boy	<input type="radio"/> Girl
Email Address		
Mobile telephone number (Inc. international code)		
Date of Birth	Nationality	Passport #

Child's Medical Details

Does your child have any medical conditions? If yes, please list them and include details of any medication. Please use a separate sheet of paper if additional space is required.	<input type="radio"/> Yes	<input type="radio"/> No
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Does your child have any allergies? If yes, please list them and include details of any medication. Please use a separate sheet of paper if additional space is required.	<input type="radio"/> Yes	<input type="radio"/> No
Does your child have special educational needs such as dyslexia or behavioural issues such as ADHD or ADD? If yes, please give details and include with your form a copy of their most recent report from an educational psychologist.	<input type="radio"/> Yes	<input type="radio"/> No
Does your child have any special dietary requirements of which the guardian family should be aware? If yes, please give details.	<input type="radio"/> Yes	<input type="radio"/> No

School Details	
Name of School	
Name of Housemaster/Housemistress	Name of House
Email address of Housemaster/Housemistress	Telephone Number of Housemaster/Housemistress
Name of Tutor	Name of Matron

SERVICES REQUIRED

I authorise The Guardian Family Network to act as my representative in case of emergency, including their staff or appointed representative giving consent for my child to have emergency surgery, if I am unattainable.

I authorise The Guardian Family Network to reimburse guardian family expenses from my Client Trust Account.

I have received, read and agree to the terms and conditions of The Guardian Family Network guardianship service.

I am happy for photos of my child to appear in marketing material for The Guardian Family Network.

Print name:

Relationship to Child:

Please return to:

Office Manager c/o The Guardian Family Network
 Hampden House,
 Monument Park
 Warpsgrove Lane,
 Chalgrove
 Oxon,
 OX44 7RW

Signed:

Date:

Alternatively sign, scan and email to:

head@guardianfamily.co.uk