

La Sierra Academy

4900 Golden Avenue, Riverside, CA 92505 (951) 351-1445 office (951) 689-3708 fax www.lsak12.com

GUARDIANSHIP AUTHORIZATION FORM

Please fill in all bl	lanks (including phone numb	ers and email addresses)	below, and have LEGALLY NOT	ARIZED:	
We,		8	k		,
	Print Father's Full Legal Name		Print Mother's Full Le	gal Name	_
parents of			, give Limited P	Power of Attorney for	
	Print Student's Full Legal Name		Birth Date	•	
Legal Guardiansh	nip of this child to		&		
_		Legal Guardian(s)'s Full Lega	al Name Legal Guar	rdian(s)'s Full Legal Name(s)	_
Parent's Foreign Add	dress:				
City:			Province Territory:		
Postal Code:			Country:		
Father's Phone:			Mother's Phone:		
Father's Email:			Mother's Email:		
we understand the designated above, substitute caregive change in ANY of the	erra Academy immediately. at: it is a requirement that all so is out of the immediate area rewho has also been given power information.	students at La Sierra Acad more than 24 hours, the so er of attorney by the parent	emy must live with an adult at all chool office must be notified immed	times. If at any time the legal guard diately with the name and numbers of school office immediately if there is	lian, of a
				N AND TERMINATION OF 120.	
Guardian is:	☐ U.S. Citizen	☐ Permanent Reside			
Male Guardian:			Female Guardian:		
California Address:	Chahai	Zip:	California Address:	Chaha. 7:a.	
City: Home Phone:	State:	Ζip: 	City: Home Phone:	State: Zip:	
Cell Phone:			Cell Phone:		
Work Phone:			Work Phone:		
Email:			Email:		
	student lives away from Guar	dian, please complete:			
HomeStay Male Gua	ardian:		HomeStay Female Guardian:		
California Address:			California Address:		
City:	State:	Zip:	City:	State: Zip:	
Home Phone:			Home Phone:		
Cell Phone:			Cell Phone:		
Work Phone:			Work Phone:		
Email:			Email:		
This document m	nust be signed by a PARENT,	in the presence of a LEC	GAL NOTARY:		1
Birth Parent Sign	ature:		Date		
Notary Signature	:		Date	Notary Stamp	