

# Parent/Guardian Information and Consent Form



**To be completed by the person(s) who has legal duty of care for the student**

**Person 1**

Relationship to student: \_\_\_\_\_

Family name/ Surname/ Last name: \_\_\_\_\_

First name/ given name(s): \_\_\_\_\_

**Permanent Home Address (if different from student's)**

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_

Province/ Territory: \_\_\_\_\_

Post code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Person 2 (if applicable)**

Relationship to student: \_\_\_\_\_

Family name/ Surname/ Last name: \_\_\_\_\_

First name/ given name(s): \_\_\_\_\_

**Permanent Home Address (if different from student's)**

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_

Province/ Territory: \_\_\_\_\_

Post code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

# Parent/Guardian Information and Consent Form



**To be completed by the person who has legal duty of care for the student.**

Please give a brief description of any medical or mental health concerns, physical impairments, serious illnesses or allergies that the applicant may have had:

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Please list any special dietary requirements that the applicant may have for medical, religious or ethical reasons?

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**I/we have read and understood the information section at the beginning of this application form and the application for entry to UWC made by my son/daughter/ward; I/we have discussed all aspects of the commitment involved and this application has my full approval should the application be successful, I/we hereby undertake for myself/ourselves and for him/her to observe the rules, regulations and guidelines of the school/college. I/we recognize that the school/college has the right to exclude my son/daughter/ward for violations of such rules, regulations and guidelines. While my/our son/daughter/ward is in residence at a UWC school/college, I/we authorise the school /college to act 'in loco parentis' in decisions directly affecting his/her health and welfare when it is neither possible nor practical to contact me/us beforehand.**

Signature(s) of the person(s) who has legal duty of care over the applicant:
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Date:
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