



Calvary International Academy

CIA

PROOF OF FINANCIAL ABILITY AND APPOINTMENT OF GUARDIAN

As parents of _____ while he/she is attending Calvary International Academy, I agree to the following:

1. I assume full responsibility to Calvary International Academy for any financial obligations including tuition, fees and living expenses incurred on behalf of said student while he/she is a student at Calvary International Academy.

2. I hereby appoint the following person as a guardian, my attorney in fact, while he/she is a student at Calvary International Academy, and I authorize the person to take care of and assume responsibility for the above named student as I might do if personally present. The responsibility includes but not limited to making decisions for various medical, social and academic issues regarding the said student, if such a problem arises.

Name of Guardian: _____

Address: _____

Telephone: _____

Email: _____

Signature of parent

Date

Signature of guardian

Date