



Guardian Authorisation Form for Under 18s

Signed by the parents

Name of the student:

Date of birth: day month year

Course dates: From To

Name of the parents:

Name of the guardian:

Relationship between the guardian and the student (tick box that applies):

Legal guardian:

Relative (what type):

Family friend:

Other (please specify):

I confirm that I am the parent of the student and I authorise the above named person to act as my son/daughter's guardian while my son/daughter is studying at ELC Bristol and that I give my permission for them to make decisions on my behalf

Name of parent

Signed

date.....