



## GUARDIANSHIP FORM – ARCHBISHOP RIORDAN HIGH SCHOOL

Students living outside of the United States or California are required to have a designated San Francisco/ Bay Area guardian. This guardianship form must be signed and dated both by parents and the designated guardian.

I, \_\_\_\_\_ declare that I have agreed to  
(Guardian's name)  
accept guardian responsibilities for:

\_\_\_\_\_ as stated below.  
(Student's name)

These responsibilities include but are not limited to:

- ❖ Ability to communicate in English, by email, phone and/or in person, in a timely manner.
- ❖ Serves as the communication liaison between the school and family.
- ❖ Can be reached at anytime in emergency situations.
- ❖ Signing all necessary reports and documents pertaining to Archbishop Riordan High School that require a parent's signature.
- ❖ Receiving confidential information regarding the student from the school and communicating this information to the parents and the family of the student.
- ❖ Assuming all parent obligations with respect to school issues or concerns with the student.
- ❖ Authorizing medical care in emergency situations.
- ❖ Being available to transport the student to medical or dental appointments when the student is not in school.
- ❖ Having the student live in the guardian's home in the event of a contagious or prolonged illness.
- ❖ Having the student in the guardian's home during school vacations (Thanksgiving, Christmas, Easter and Summer) when the dormitories are closed.
- ❖ Transporting the student to/from airport.
- ❖ Age 25 or older and fit to serve as a local guardian.

### GUARDIAN INFORMATION

Name Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Email completed form to:** Residential Program Supervisor Mr. David Lin (dlin@riordanhs.org)