

Kings Christian School, Inc.

900 East "D" Street
www.kcsnet.com

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Lemoore, CA 93245
Contact: Pamela Hanson, tphanson@comcast.net

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(559) 924-8301, FAX (559) 924-0607

Local Guardianship Power of Attorney

We, _____ and _____
Father's full legal name Mother's full legal name

Parents of _____, _____ hereby give
Minor's full legal name Minor's Birth date

Power of Attorney for Legal Guardianship of this child to:

_____ and _____
Guardian(s)'s full legal name(s)

Who we verify is a/are US citizen(s) or legal resident, and live(s) in the local area of KCS.

Signed and Notarized this _____ day of _____, 2_____.

Legal/Birth Father _____

Legal/Birth Mother _____

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Parent's Foreign Address: _____

City: _____ Province/Territory: _____

Postal Code: _____ Country: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

It is a requirement that all student under 18 must live with an adult at all times. It is the recommendation of KCS that all student 18 and over also live with an adult at all times. The Administration recommends that single host adults be at least 30 years of age and host married couples be at least 23 years of age. If at any time the legal guardian, designated above, is out of the immediate area more than 24 hours, the school office must be notified immediately with the name and numbers of a substitute care giver who has also been given power of attorney by the parents. Notify the school office immediately if there is any change in ANY of this information. Failure to comply to any of these conditions may result in the student's dismissal and termination of the I-20.

Guardian's U.S. Address: _____

City/Zip Code: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Host Family (if not the legal Guardians) Name(s) _____

Address _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____