## **School Guardianship Consent Evaluation**

Student Information
Student Name
Date of Birth
Grade/Year
Guardian Information
Guardian Name
Relationship to Student
Contact Number
Consent Details
Type of Guardianship
Type of Guardianship
Effective Date
Ellective Date
Expiration Date (if any)
Evaluation
Purpose of Guardianship
Talipood of Gaardianomp
Supporting Documents

School Official's Remarks	
Signatures	
Guardian Signature	
Date	
School Official Signature	
Date	