

AUTHORIZATION LETTER FOR LOCAL GUARDIAN

I/We Mr. and Mrs.resident of
..... country
authorize the following person as local guardian of my child during his/her stay in the school. The school
may contact them for any urgent or important issues related to my child where connecting to parents or
parent's physical involvement is not possible.

Mr./Mrs.resident of
.....

Relationship with the child

Phone No. i) ii)

Signature of the Parents: Signature of the Local guardian:

Date: ____/____/____

PARENTS' UNDERTAKING

I/We Mr. and Mrs.resident of
..... country.....

acknowledge that the Sambhota Tibetan School will ensure utmost care of my child's academic growth and
well-being. However, I/We will take full responsibility in the event of any unforeseen circumstance.

I/We, hereby authorize the School and Sambhota Tibetan Schools Society to take necessary measures and
medical treatment/care to my child, if required.

Date: ____/____/____

Signature of Parents