

DURHAM



SCHOOL

GUARDIANSHIP FORM – UPDATED 27TH September 2009

Notification of guardianship for(pupil's name)

Date of joining Durham School

Date of birth House

E-mail and emergency telephone numbers of parent(s)

Parent 1 e-mail

Parent 1 telephone number

Parent 2 e-mail

Parent 2 telephone number

Guardian's details

Name of Guardian (s)

Address

.....

.....

Telephone numbers

Day

Night

Mobile

e-mail address

Please tick to boxes to show the terms of guardianship(s) which you (the parents) have agreed with the guardian(s)

I / We appointas local

guardian(s) for(name of pupil) and have

made the necessary checks to ensure the guardian(s) is / are suitable adults to care for my / our child(ren) and that they have undergone appropriate checks consistent with current regulations

I / We have agreed with (name of guardian(s)) that he / she / they can be contacted in a medical emergency and can accompany my / our child(ren) to any medical appointments should the need arise.

I / We have agreed with(name of guardian(s)) that in the event of illness my / our child(ren) can be accommodated with the guardian(s).
(THIS IS REQUIRED BY SCHOOL)

I / We give permission for school to contact the guardian(s) in the event of any emergency and to take the guardian(s)' views into account as if they are the parents' views

(IF THIS BOX IS NOT TICKED THE SCHOOL WILL ALWAYS CONTACT THE PARENT(S) AS THE FIRST POINT OF CONTACT)

I / We give permission for my / our child(ren) to be resident at the guardian's(s') house overnight after consultation with the Housemaster/Housemistress.

I / We would like the guardian(s) to receive copies of

Reports

Half term and end of term newsletters

All periodic communication

Notification of sanctions issued

Other (please specify)

.....

I / We give permission for the staff at Durham School to pass on any relevant information about my / our child(ren) to the guardian(s),

I / We understand that guardian(s) are expected to transport my / our child(ren) to and from Durham School.

I / We understand that in the event of my / our child(ren) having to be accommodated through illness in the medical centre that I / We may be asked to meet the associated staffing costs.

I / We understand that guardian(s) are expected to drop off my / our child(ren) at the start of the year so as to meet those staff associated with my / our child's(ren's) welfare.

I / We draw the school's attention to the following additional information to my / our appointed guardian(s)

- 1)
- 2)
- 3)
- 4)
- 5)

I / We understand that appointing guardian(s) is my / our responsibility and that the school is not involved in undertaking any checks on the suitability of individuals or accommodation.

Names(s)

Signatures

Date

Please note that this form can be found on the school website.

Please return as soon as possible to

Mrs D Woodlands
Registrar
Durham School
Durham
DH1 4SZ
d.woodlands@durhamschool.co.uk