



Parent Authorization for Boarding Student Guardianship

Student Name: _____ Date: _____

Parent Name: _____ Phone Number(s): _____

Parent Email: _____

I hereby give the following person(s) the right to act on my behalf as a guardian while my child(ren) is enrolled at the Knox School as a boarding student. This person(s) will serve as the first line of contact for school communications including, but not limited to:

- Weekend Leave Permissions
- Break Leave Permissions
- Campus Events and Activities
- Academic or Disciplinary Matters
- A place my son/daughter may be allowed to stay overnight, pending appropriate sign out procedure through the Knox School
- An approver of weekend and school break travel plans on Boardingware

I am aware that:

- I must contact the School within 24 hours if I no longer want the person(s) I designated as a guardian to hold such authorization

Designated Guardian(s)

Primary: _____ Secondary: _____

Name: _____ Name: _____

Relationship to Student: _____ Relationship to Student: _____

Address: _____ Address: _____

City, State: _____ City, State: _____

Phone Number(s): _____ Phone Number(s): _____

Email: _____ Email: _____

Parent Signature: _____ Date: _____