



# Fletcher Academy Guardianship Agreement

Instructions for completion of guardianship form:

1. The parent/guardian is to select an adult sponsor, at least 25 years of age, who lives in the continental U.S., preferably in North Carolina or somewhere close in Southeast United States, who will agree to the Guardianship Agreement.
2. The parent/guardian is to fill out his portion of the agreement and send it to the sponsor for the sponsor to complete.
3. The sponsor is to complete the remainder of the agreement and return it to Fletcher Academy.

*The sponsor agreement must be received and approved by FA before the student may attend.*

As guardian of \_\_\_\_\_ while he/she is attending FA, I agree to the following:  
*Student's Name*

1. I assume responsibility for this student during regularly scheduled vacations from school. This includes all home leaves, Thanksgiving, Christmas, and Spring Break. My responsibility includes, but is not limited to, providing transportation to and from campus and providing supervision of said student during the vacation periods.
2. I assume responsibility to Fletcher Academy for said student if a disciplinary action is required, i.e. suspension, expulsion, etc. I will also assume decision making if any problems arise concerning the academic or social life of the student.

Sponsor Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Day Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

As the natural or legal guardian of the above-mentioned student, I hereby appoint the above person my attorney in fact for the purposes set forth above, while he/she is a student at FA, and I authorize the above person to take care of and assume responsibility for the above-named student as I would do if personally present. In the event the above-mentioned sponsor is unable to fulfill his/her duties, I will immediately secure the services of another individual to serve as sponsor.

Parent Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Day Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_