



# Bloxham School

# Education Guardianship Form



## Education Guardianship Form

If Parent(s) of pupils at Bloxham School (the School) are resident outside the UK, the Parent(s) must appoint a UK based Education Guardian for the pupil.

This form must be completed to inform the School of the Education Guardian appointed.

Please complete two copies of this form and return one copy to the Admissions Office. Please keep the second copy for your records. Please also include a copy of the Education Guardian's passport and proof of their UK address in the form of a utility bill.

### CHILD'S DETAILS

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of entry: \_\_\_\_\_

### PARENT'S DETAILS

Mother's full name: \_\_\_\_\_

Father's full name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Mother's telephone number: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Father's telephone number: \_\_\_\_\_

Father's email address: \_\_\_\_\_



## GENERAL *\*tick as appropriate*

1. (☐ I ☐ We)\* confirm that (☐ I am ☐ we are)\* the Parent(s) of the above-named child and that (☐ I ☐ we)\* have parental responsibility for the Child in accordance with the Children's Act 1989.
2. (☐ I ☐ We)\* hereby acknowledge that (☐ I ☐ we)\* are required as a condition of our Child's place at Bloxham School (the School) to appoint an Education Guardian.
3. (☐ I ☐ We)\* acknowledge that by completing this form and returning it to the School (☐ I am ☐ we are)\* confirming the details of the Education Guardian (☐ I ☐ we)\* have appointed for the above-named Child while (☐ he ☐ she)\* is a pupil at the School and that should the arrangements detailed below change (☐ I ☐ we)\* will notify the School in writing immediately.
4. (☐ I ☐ We)\* acknowledge that the School has taken no part in the selection or appointment of the Education Guardian named on this form and that (☐ I ☐ we)\* have satisfied (☐ myself ☐ ourselves)\* that the Education Guardian is suitable to be responsible for the Child's welfare in the manner described.
5. (☐ I ☐ We)\* acknowledge that (☐ I am ☐ we are)\* satisfied with the insurance arrangements that have been put in place for the Child when they are in the care of the Education Guardian.
6. (☐ I ☐ We)\* understand that the School will not, unless negligent, be liable in respect of injury, loss, damage or costs arising out of or in any way connected with this Education Guardianship appointment.

## APPOINTMENT

7. (☐ I ☐ We)\* have appointed the Education Guardian named below to act on (☐ my ☐ our)\* behalf in all matters concerning the safety and welfare of the above-named Child whilst they are attending the School.
8. (☐ I ☐ We)\* confirm that (☐ I ☐ we)\* have made arrangements to cover the costs associated with performance of the role of Education Guardian.

## AUTHORISATION

9. (☐ I ☐ We)\* have authorised the Education Guardian named below to:
  - Take full responsibility for the Child when they are in the UK and not at school, including monitoring and taking responsibility for all travel arrangements.
  - attend the School premises in case of emergency and if deemed necessary by the School provided that the Education Guardian informs the Parent(s) of what has happened immediately
  - make all necessary travel arrangements including, if necessary, collecting the Child from the appropriate airport or railway station and delivering them to the School and collecting the Child from the School and delivering them to the appropriate airport or railway station at the beginning and end of each term
  - collect and accommodate the Child in their home in the event that the Child is unwell and unable to attend school
  - collect and accommodate the Child in their home in the event that the Child is excluded for no-payment of fees or suspended for disciplinary or other reasons



## AUTHORISATION *continued*

- collect and accommodate the Child in their home at Exeats, half term and during holidays and at the beginning and end of term if required
- arrange and, if appropriate, attend medical appointments for the Child
- provide consent for the Child to receive emergency medical treatment if necessary
- liaise with the Housemaster or Housemistress or other members of the School staff as necessary in connection with matters related to health, welfare and educational progress of the Child

## EDUCATION GUARDIAN DETAILS

Full name: \_\_\_\_\_

Company name (if applicable): \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

Address where the child and guardian will be living in the UK, if different to above: \_\_\_\_\_

Please tick to confirm that the accommodation offered to the Child Student is a private address and not operated as a commercial enterprise: ☐

Home telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does the guardian have responsibility for any other children? ☐ Yes ☐ No.

If yes, please provide details: \_\_\_\_\_

Please provide the name, registered address and contact details of anyone regularly living with the guardian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## AGREEMENT

10. By signing this form, the Education Guardian confirms (☐ his ☐ her)\* acceptance of this appointment by the Parent(s) as Education Guardian of the above-named Child and confirms that (☐ he ☐ she)\* has agreed with the Parent(s) to comply with the requirements listed above.
11. The Education Guardian confirms that (☐ he ☐ she)\* has agreed with the Parent(s) to take personal responsibility for the Child to the extent required and authorised above and will not delegate any of (☐ his ☐ her)\* responsibilities without prior written consent from the Parent(s).
12. The Education Guardian confirms that (☐ he ☐ she)\* has agreed with the Parent(s) to notify the Parent(s) (and, if applicable, the School) immediately in the event of any emergency involving the Child.
13. The Education Guardian confirms that (☐ he ☐ she)\* has agreed with the Parent(s) to notify both the Parent(s) and the School immediately if (☐ he ☐ she)\* is no longer willing or able to continue as the Child's Education Guardian.
14. The Education Guardian confirms that (he she) is agreeing to abide by Bloxham School's Guardianship Policy.

## SIGNATURES

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Education guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Education Guardian's paperwork required and provided (*please tick*)

☐ Copy of passport ☐ Proof of UK address (utility bill)