

Guardianship Application Form

Please complete all sections in full and return to elsie@connectionsguardianship.co.uk

SECTION 1 — STUDENT DETAILS

Full Legal Name		Date of Birth (DD/MM/YYYY)	
<input type="text"/>		<input type="text"/>	
Nationality	Passport Number	Passport Expiry Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Language	Other Languages Spoken		
<input type="text"/>	<input type="text"/>		
Gender	Religion / Dietary Requirements		
<input type="text"/>	<input type="text"/>		
Any medical conditions, allergies, or special needs we should be aware of:			
<input type="text"/>			

SECTION 2 — SCHOOL DETAILS

School / College Name		School Type (Boarding / Day)	
<input type="text"/>		<input type="text"/>	
School Address		School Phone Number	
<input type="text"/>		<input type="text"/>	
House Master / Tutor Name		School Email Address	
<input type="text"/>		<input type="text"/>	
Start of Term Date	Year Group / Form	Expected Leaving Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION 3 — PARENT / GUARDIAN DETAILS

Parent / Guardian Full Name		Relationship to Student	
<input type="text"/>		<input type="text"/>	
Home Address (Line 1)		Home Address (Line 2)	
<input type="text"/>		<input type="text"/>	
City	Country	Postcode / Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Primary Email		Secondary Email	
<input type="text"/>		<input type="text"/>	
Mobile / WhatsApp		Home Telephone	
<input type="text"/>		<input type="text"/>	

Preferred Contact Method	Best Time to Contact (with timezone)
<input type="text"/>	<input type="text"/>

SECTION 4 — UK EMERGENCY CONTACT (if applicable)

Contact Full Name	Relationship to Student
<input type="text"/>	<input type="text"/>
UK Address	UK Mobile Number
<input type="text"/>	<input type="text"/>

SECTION 5 — SERVICES REQUIRED

Please tick all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> Learning Support | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Medical Support | <input type="checkbox"/> Travel Planning | <input type="checkbox"/> Family Communications |

Preferred Start Date for Guardianship	How did you hear about us?
<input type="text"/>	<input type="text"/>

SECTION 6 — DECLARATION

I confirm that the information provided in this form is accurate and complete to the best of my knowledge. I give consent for Connections Guardianship Ltd to liaise with my child's school and any relevant healthcare providers in the fulfilment of guardianship duties. I understand that a signed Guardianship Agreement will be provided following review of this application.

Parent / Guardian Signature:

Print Name:

Date: