

**The Principal/Headmaster
Dr. Graham's Homes
KALIMPONG**

SUB: **Declaration of Authorization of Local Guardian**

We, Mr.& Mrs. hereby declare that, we authorize

(Name)

(Address)

.....

Tel No. email:

to be the local guardian of my child/children whose name/names are given below.

Name: Class Cottage

Name: Class Cottage

To bring, visit or take him/her/them out of school for any holidays authorized for outings, I hereby also pledge that no other person will be allowed or permitted to visit/take my child/children for any holidays. I understand that this is being done in the interest and welfare of my child/children and shall abide by the school's decision. The School will not be responsible if my child/children are affected adversely or put into dire circumstances by the said authorization.

Thanking you

(Signature of father)

(Signature of mother)

(Signature of local guardian)

Date

