



Mountain View Academy

Christ-Centered College Preparatory Grades 9-12

360 S. Shoreline Blvd.
Mountain View, CA 94041
650-967-2324 - Fax 650-336-0053
www.mountainviewacademy.org

GUARDIANSHIP FORM

I, _____
PARENT: LAST FIRST MIDDLE INITIAL

of _____
STREET ADDRESS CITY STATE ZIP COUNTRY

(AREA CODE) HOME PHONE NUMBER (AREA CODE) BUSINESS PHONE NUMBER

the lawful PARENT of _____
NAME: LAST FIRST MIDDLE INITIAL

do hereby nominate and appoint _____
NAME: LAST FIRST MIDDLE INITIAL

of _____
STREET ADDRESS CITY STATE ZIP COUNTRY

To be the lawful GUARDIAN of my said daughter/son, who will reside with the guardian.

I also appoint _____
NAME: LAST FIRST MIDDLE INITIAL

of _____
STREET ADDRESS CITY STATE ZIP COUNTRY

(AREA CODE) HOME PHONE NUMBER (AREA CODE) BUSINESS PHONE NUMBER

As the person responsible for the payment of tuition and other fees at Mountain View Academy.

Signed _____ Date _____
SIGNATURE OF PARENT

In the presence of: _____
SIGNATURE OF WITNESS