



AISM

American International School
of Mozambique

GUARDIANSHIP NOTIFICATION

DATE: _____

NAME OF STUDENT: _____

NAME OF GUARDIAN: _____

I hereby release guardianship to _____ for the period
_____. Should the period stated be extended, I hereby undertake to
inform AISM in writing before the end date as mentioned.

PARENTS SIGNATURE: _____

I hereby accept responsibility as guardian for _____ during the date of
_____ to _____

NAME: _____

CONTACT NUMBER: _____

GUARDIAN'S SIGNATURE: _____