



First Class Christian Homeschool Co-Op  
REQUEST FOR GUARDIANSHIP

My child(ren) will need temporary guardianship while at First Class Homeschool Co-op. They are listed here:


Guardianship is requested for this date:

\_\_\_\_\_

I cannot be at the co-op because I:


The person assuming responsibility for my children during co-op hours is:

\_\_\_\_\_

First and Last Name of Guardian

I understand that this form authorizes temporary guardianship for above named during class hours only. Should the need arise, I authorize above named person to seek medical care for children named above.

\_\_\_\_\_

Parent

Phone number where parent can be reached \_\_\_\_\_