



# TREASURE VALLEY CLASSICAL ACADEMY

## Guardian Authorization

I \_\_\_\_\_ am the parent/legal guardian of the following students:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

By signing this form, I authorize \_\_\_\_\_ to act as an approved guardian for my child(ren). This includes volunteering for the school, attending school meetings regarding my child(ren), and any other authority that legal guardianship offers at Treasure Valley Classical Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Guardian Contact Information and Signature:

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Office Use Only

\_\_\_\_\_ Signature Verified

\_\_\_\_\_ ID of new Guardian Verified